Faculty Professional Development Reimbursement Form

(not for Travel or Professional Activities Program)

Last name:_____ First name:_____Middle Init.:_____

L#: _____ Extension:_____ Dept:_____

FPD Program (e.g. Teaching Squares, FIGs, etc): Teaching Squares

Home address: (Finance mails reimbursements here.) _____

_____

List Expenses:	**Amount:**	**For Coll Fin. Use:**
Per diem rate _____ x ____ (# of faculty members)=		
Total:		

Additional Comments:_____

Date/Month of Expense: _____

Location: Eugene, OR

FPD Award Amount: $26 per person = maximum

_____

*Signature of employee date

*I certify that the expense as itemized above has been made in performance of official Grant or College duties, all in accordance with Lane Community College policy and grant requirements.

For FPD Use:

FOAP: 111100-475600-614200-210000 FOAP: _____

_____ _____

FPD budget authority signature date Vice President Signature date