

**POINCIANA CAMPUS
TRAVEL FUND REQUEST**

For official use only, the proponent agency is Valencia College.

INSTRUCTIONS:

This application must be submitted to the Employee Development Coordinator or Administration Department prior to travel. Persons submitting applications after the travel date will not be reimbursed. For reimbursement, a receipt of payment must be submitted. Email this form to pncadmin@valenciacollege.edu

APPLICANT INFORMATION

PRINT FULL NAME: (First Name, Last Name)	EMPLOYEE VID:	EXT:	DATE: (MM/DD/YY)
EMAIL: @valenciacollege.edu	POSITION TITLE:		DEPARTMENT:

CONFERENCE INFORMATION

CONFERENCE TITLE:	ASSOCIATION NAME:	
START DATE: (MM/DD/YY)	END DATE: (MM/DD/YY)	LOCATION: (CITY/STATE)

PURPOSE: How will this conference benefit you from a professional development perspective?

BENEFIT TO COLLEGE: How will this conference benefit Valencia College?

HAVE YOU RECEIVED CAMPUS EDF THIS YEAR FOR A TRIP? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU ATTENDED THIS CONFERENCE PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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ESTIMATED TRAVEL COST

LODGING	# NIGHTS:	DAILY RATE: \$	SINGLE <input type="checkbox"/>	DOUBLE <input type="checkbox"/>	\$
MEALS	BREAKFAST (\$6 each):	LUNCH (\$11 each):	DINNER (\$19 each):		
	#	#	#		\$
TRANSPORTATION	AIRFARE:	TAXI / UBER:	GAS / TOLLS:	SHUTTLES:	
	\$	\$	\$	\$	\$
REGISTRATION:	MISC: (List here)				
\$	\$				GRAND TOTAL \$

FUNDING SOURCE

CAMPUS FUNDS - (EDF) AMOUNT REQUESTED	\$
HUMAN RESOURCES FUNDS - (PERSONAL EDF) AMOUNT BEING USED	\$

APPLICANT SIGNATURE:	DATE:	TOTAL FUNDING:
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SUPERVISOR'S APPROVAL: How will this conference benefit the applicant?

SUPERVISOR'S FULL NAME: (First Name, Last Name)	SUPERVISOR'S SIGNATURE:	DATE:
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AUTHORIZATION

AUTHORIZING OFFICIAL FULL NAME: (First Name, Last Name)	AUTHORIZING SIGNATURE:	DATE:
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<input type="checkbox"/> APPROVED	JUSTIFICATION:
<input type="checkbox"/> NOT APPROVED	