

SUOAF-AFSCME
PROFESSIONAL DEVELOPMENT FUNDING REQUEST

Applicant's Name: _____ **Department:** _____

Phone: 7 - _____

Please state the nature of your request (i.e., title of conference with specifics such as conference registration, travel, etc., or educational materials). Please provide supporting documentation for your request. Requests will not be approved without proper documentation.

Describe the details of your request. If your request is not for travel/conference moneys, please describe the item(s) you are requesting and your intended use of them:

Conference:	Item Description:
Dates: _____	Title: _____
Fees	Description:
<input type="checkbox"/> Registration: \$ _____	
<input type="checkbox"/> Lodging: \$ _____	
<input type="checkbox"/> Travel: \$ _____	_____
<input type="checkbox"/> Other: \$ _____	<input type="checkbox"/> Purchase Price: \$ _____
Total Cost: _____	

Is there other information you feel is pertinent for the committee to know in making their decision on this award? Please detail it briefly in the space below:

Please note: University P-Cards should not be used for the award amount paid with SUOAF funds.
I acknowledge that the above request falls within the "SUOAF Professional Development Guidelines dated October 17, 2017

SUOAF-AFSCME MEMBER SIGNATURE

DATE

SUPERVISOR'S APPROVAL

DATE