

**CENTRAL PIEDMONT COMMUNITY COLLEGE**  
**Education Resources College Senate Committee**  
**Request for Funding**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Division/Dept:** \_\_\_\_\_ **Full-time ( ) Part-time ( )**

**Length of employment:** \_\_\_\_\_ **Job title:** \_\_\_\_\_

**Has the College supported your efforts with travel or professional development funds in the past three years? Yes ( ) No ( )**

If yes, please indicate

**Date(s) Amount Awarded Description of Activity**


**Proposed activity:** \_\_\_\_\_

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**Activity date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_

The committee encourages applicants to request funds from their departments.

<b>Are funds available from your department?</b>	Yes ( ) No ( )
If so, how much?	\$ _____
Have you also requested Tier-A funds for this activity?	Yes ( ) No ( )
Amount requested from Education Resources (less department funds)	\$ _____

Upon making this application I agree to adhere to the appropriate guidelines and policy set down regarding any potential funding for this activity. I also agree that upon completion of the activity in order to receive reimbursement, I will submit, within 14 days of travel/event completion, a written request for reimbursement of expenses (Form FS-8). The appropriate documents will include original copies of approved receipts which might include a copy of a cleared check, a credit card statement, or a receipt showing payment was made by me. Reimbursement for Baccalaureate Education Allotment expenses must include the Grades Report and receipts for tuition and fees paid excluding parking permits or fines. Any other conditions will require prior written approval from the College in advance of funding.

**Signatures:**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Division / Department Head: \_\_\_\_\_ Date: \_\_\_\_\_