# Professional Development Activity Request Form

**Supplemental Funding Request**

**College of Arts & Architecture/University Arts Services**

**Name:** _______________________________  **Unit:** _______________  **Position:** __________

**Description of Activity:** ___________________________________________________________

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**Date of Activity**

| From: _____________________ | To: _________________________ |

**Location:** _________________________________________________________

**Type of Activity:**

- [ ] Conference
- [ ] Seminar
- [ ] Workshop
- [ ] Course (Credit: Yes___ No ___)  Site Visit____
- [ ] Other - describe:__________________________________________

**Area of Application:**

- [ ] Dept
- [ ] College
- [ ] Both

**Training Provider:**

**Purpose of Activity:**

- [ ] Training
- [ ] Development
- [ ] Education

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**Anticipated Costs:**

- Registration fee $________
- Lodging* $________
- Food* $________
- Transportation $________

Transportation Mileage
to: __________ from: ____________

Total: $________ at ____/mile $________

**Other/Miscellaneous:** $________

**Total Request:** $________

**PDA Support provided by home unit** $________

**Other support - Please list source and amounts**

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<th>Source</th>
<th>Amount</th>
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**Total Support provided by home unit and other sources** $________

**Total request for PDA supplemental support from the Dean's office** $________

**Please describe the value of this Professional Development Activity on the back of this sheet or include it as a separate attachment.**

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**From the Supervisor**

Are other staff from your unit attending this event? ______  How many? ________

Immediate Supervisor Signature _________________________________________________

Unit Budget Administrator Signature ____________________________________________

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**COMPLETED FORM SHOULD BE RECEIVED BY THE END OF THE MONTH BY:**

Shelly Marquardt 120 Borland, SPDS Committee

Amount recommended by Staff Development Support Committee $________

*The recommendation of supplemental support by the committee has a maximum of $400.00*

SPDSC Chair Signature ____________________________  Date ____________________

Amount of support approved by the dean $________

Dean's Signature ____________________________  Date ____________________

*See University Travel Policy Appendix 11 in GURU for CONUS daily meal limits*