

Yuba Community College District - Woodland Community College  
**Application for WCC Professional Development Travel Funds**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Location: ☐ WCC ☐ Lake ☐ CCC

Department: \_\_\_\_\_

Approving Supervisor: \_\_\_\_\_

**Employee Status:**

☐

Part-Time Faculty

☐

Full-Time Classified

Permanent Part-Time Classified

**Type of Event/Activity**

☐

College Course (Weekend Class)

Conference (2-3 days/nights, travel)

\_\_\_\_ Workshop/Professional Meeting

\_\_\_\_ Other \_\_\_\_\_

**Event/Activity Info:**

Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Other Attendees: \_\_\_\_\_

**Description**

1) Did you receive FLEX/PD travel funding last year? Yes No

Amount received: \$ \_\_\_\_\_

2) Describe how you will use this activity to upgrade, enhance, or improve your assignment and/ or benefit the campus community. Provide evidence (brochures, catalog descriptions, website links, etc.) for the activity you wish to fund.

3) The Flex PD Committee wants funds to have the greatest impact by encouraging participants to share what they've learned. Are you willing to lead a Flex/Professional Development workshop or conduct a presentation in your department, based on what you have learned from the activity?

Yes

No

- If your answer is "Yes", a member of the Flex/Professional Development Committee will contact you regarding possible dates and times for the workshop activity.
- If your answer is "No", please explain why not?

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**Event/Activity Costs**

Registration Fees \_\_\_\_\_ = \_\_\_\_\_

Other event/activity fees \_\_\_\_\_ = \_\_\_\_\_

**Transportation Costs:**

•Personal Car \_\_\_\_\_ Roundtrip Miles @ 57.5 cents/mile \_\_\_\_\_ = \_\_\_\_\_

•Bus, Plane, Train, etc. \_\_\_\_\_ = \_\_\_\_\_

•Auto Rental \_\_\_\_\_ = \_\_\_\_\_

•Parking/Tolls \_\_\_\_\_ = \_\_\_\_\_

•Local transportation (i.e. Lyft, Uber etc.) \_\_\_\_\_ = \_\_\_\_\_

**Meal Costs:**

•Breakfast \_\_\_\_\_ X \$10.00 \_\_\_\_\_ = \_\_\_\_\_

•Lunch \_\_\_\_\_ X \$15.00 \_\_\_\_\_ = \_\_\_\_\_

•Dinner \_\_\_\_\_ X \$30.00 \_\_\_\_\_ = \_\_\_\_\_

**Lodging Costs:**

•Number of Nights \_\_\_\_\_ X \$ \_\_\_\_\_ Per Night \_\_\_\_\_ = \_\_\_\_\_

•Hotel fees (internet, parking overnight, resort fee etc.) \_\_\_\_\_ = \_\_\_\_\_

**Other Expenses (Itemized below):**

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

***NOTE:** If the staff member incurs costs prior to approval and the application is not approved, then the costs become the responsibility of the staff member. No actual receipts are necessary at this point, but in order to receive your re-imbursement you will need to provide documentation for all costs incurred.*

***NOTE:** Applicant is responsible for submitting all YCCD travel forms, obtaining release time and supervisor approval, and remitting copies of travel receipts to the co-chair of this committee upon return.*

APPROVED:	Yes	No	RECOMMENDED AWARD:\$
Flex/PD Committee Chair's Signature: _____			Date: _____
FLEX/PD Committee Tri-Chair Signature: _____			Date: _____
For Office use only. Amt. Awarded: \$ _____ Date Awarded: _____ Initials: _____			
_____ Signed _____ Receipts _____ Recap _____ Copy/Scan for Committee files			
_____ Sent to Fiscal Services (Initial & date when each action is complete)			