

Faculty Professional Development Reimbursement Form

(not for travel or Professional Activities Program)

Last name: _____ First name: _____ Middle Init.: _____

L#: _____ Extension: _____ Dept: _____

Discipline: _____

FPD Program (e.g. Teaching Squares, FIGs, etc): _____

FIG Title (if applicable): _____

Home address: (Finance mails reimbursements here.) _____

List Expenses:	Amount:	For Coll Fin. Use:
Total:		

Additional Comments: _____

Date/Month of Expense: _____ Location: _____

FPD Award Amount: _____

*Signature of employee date

*I certify that the expense as itemized above has been made in performance of official Grant or College duties, all in accordance with Lane Community College policy and grant requirements.

For FPD Use:

FOAP: _____

FOAP: _____

FPD budget authority signature date

Vice President signature date