



**FOOTHILL-DE ANZA  
Community College District**

Office of Human Resources and Equal Opportunity

## SEIU Travel and Conference Fund

The Travel and Conference Fund provides opportunities for permanent SEIU classified staff to attend seminars, workshops, and conferences. These funds are to assist with the payment of registration fees and travel and lodging expenses associated with the activity.

To request funds, submit a completed application to the Travel and Conference Fund Committee. Requests must be submitted at least two weeks prior to the activity. Funds are disbursed on a first-come-first-serve basis. The application is available on the Human Resources website: <http://hr.fhda.edu/personnel/classified/seiu>

In reviewing applications, the committee considers

- Value to the employee in upgrading his/her skills and/or keeping abreast of developments in fields related to his/her work duties.
- Value to the department with training related to the maintenance and improvement of work skills.
- Value to individual in terms of professional development and career enhancement.

### Committees Members:

Bob Barr  
Kim Chief Elk  
Martin Varela  
Rhoda Wang



## Central Services SEIU Travel and Conference Fund Application

Please download and complete this application on your computer. If you use Adobe Acrobat Reader to fill in this application, remember to print a copy BEFORE you close this window, as it does not always save the document. The completed application packet must be turned in to the Director, Human Resources, Central Services Travel and Conference Fund Committee and must include:

- A completed and signed application (signed by applicant and supervisor)
- 1 copy of the flyer, brochure, or web pages showing conference fees and hotel costs
- A Yahoo or Mapquest map showing miles from the college or the District to the activity

### Applicant Information:

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Email: \_\_\_\_\_

### Proposed Activity:

Name of the conference, workshop, or seminar: \_\_\_\_\_

Location City: \_\_\_\_\_ State: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Check the appropriate description for this activity:

- A** Less than 150 miles from work site, one-day event
- B** Over 150 miles from work site, one-day event
- C** Less than 75 miles from work site, multiple-day event
- D** Over 75 miles from work site, multiple-day event

### Implementation:

Please indicate specifically how you and the District will benefit from this activity:  
(i.e. create a system or process, develop new materials, improve your job skills, etc.)

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### FOR OFFICE USE ONLY

Approved: ☐ Max Amount: \_\_\_\_\_ Not Approved: ☐

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Central Services Travel and Conference Committee

## ITEMIZED ESTIMATED EXPENSES

Original receipts and proof of payment **in the applicant's name** are required for reimbursement of approved expenses.

Each attendee must pay for his/her own portion of the hotel bill and have a receipt issued in his/her name.

<b>Conference Fee:</b> .....	<input style="width: 90%;" type="text"/>
 <b>Transportation</b>	
<b>Airfare:</b> .....	<input style="width: 90%;" type="text"/>
<b>OR</b>	
<b>Auto:</b> .....	<input style="width: 90%;" type="text"/>
 For events that are held over 75 miles away from the campus, enter one-way miles: <input style="width: 40px;" type="text"/> Mileage reimbursement: <input style="width: 40px;" type="text"/>	
 <b>Lodging:</b>	
Number of Nights: <input style="width: 40px;" type="text"/> Rate per night: <input style="width: 80px;" type="text"/>	<input style="width: 140px;" type="text"/>
(include estimated taxes, Maximum fee paid per night = \$150.00)	
<b>Total Costs:</b> .....	<input style="width: 140px;" type="text"/>
<b>AMOUNT REQUESTED:</b> .....	<input style="width: 140px;" type="text"/>

### Important: Applicants Please Read!

To be reimbursed for expenses, you must submit all of the following to the Central Services, Travel and Conference Fund Committee within 45 days of the date on which the activity occurred:

- The completed trip voucher (sent to you with your award letter)
- **Original receipts made out to the attendee** for conference fees, lodging, and transportation (receipts issued in someone else's name will NOT be reimbursed)
- Proof of payment for those receipts that do not specify how payment was made

**Failure to adhere to these reimbursement policies will result in the loss of funding.**

(Please review District Travel Policy for more details: [http://business.fhda.edu/accounting/stories/storyReader\\$28](http://business.fhda.edu/accounting/stories/storyReader$28))

*I have read and understand the above reimbursement procedures and policies.*

**Signature of Applicant:** \_\_\_\_\_

**Signature of Administrator/Supervisor:** \_\_\_\_\_

\_\_\_\_\_ *I certify that this applicant is not probationary and not on Staff Development Leave.*

Comments: \_\_\_\_\_  
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