California State University, Chico
REQUEST FOR USE OF PROFESSIONAL DEVELOPMENT FUNDS
(one form per request)

Name of Requestor: _____  Academic Year: _____

College: ________________________________  Department: ________________________________

Amount Requested: $ ____________  State Funds Amt. $ ____________  Found Funds Amt: $ ____________

REQUESTED USE OF FUNDS

☐ Travel  (complete and attach Travel Request form)
☐ Item  (complete Purchase Order section below)
☐ Service  (complete Service Request section below)

Use of Funds Description:
________________________________________________________________________________________
________________________________________________________________________________________

Professional Development Justification  (Indicate relationship to your discipline, teaching and/or research.)
________________________________________________________________________________________
________________________________________________________________________________________

PURCHASE ORDER INFORMATION

Vendor Name: ________________________________________________________________
Vendor Address: ________________________________________________________________
City, State, Zip: ________________________________________________________________
Phone (inc. area)  Bus: ______________________________  Fax: __________________________

Provide order form and/or ordering information to department or college office detailing breakdown of purchase price, tax and shipping and handling
(DO NOT PURCHASE ON YOUR OWN).

SERVICE REQUEST INFORMATION

If request involves hiring process, indicate hourly rate and anticipated hours of service.  If APPROVED submit appropriate hiring paperwork.
DO NOT PAY FOR SERVICES OUT OF POCKET, PROPER HIRING PROCESSES MUST BE FOLLOWED.

Projected Hourly Rate $ ____________  Number of Hours _________  Total Cost $ ____________

Signature of Requestor: __________________________________________  Date: __________________

Chair: ______________________  Approved ☐  Allocation $ _________  Not Approved ☐  Date: ____________

Dean: ______________________  Approved ☐  Allocation $ _________  Not Approved ☐  Date: ____________