## **Professional Improvement Plan**

# Funding Request Form

1. Funding Requests must be approved by the VPAA office in advance of the activity or expenditure.
2. Fill out this form, have your designated evaluator sign, and then send to the VPAA office via email for approval.
3. If necessary, electronic signatures can be requested via Adobe Sign by the VPAA office.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | ***For VPAA office use*** |  |
| PIP Cycle Dates: |  | *Funds available?* |  |
| Amount of funds requested: |  | *Current PIP Plan on file?* |  |
|  |  | *Final PIP Report on file?* |  |
| This money will be used for: | | | |
| The part of your plan that this activity will support (may be copied and pasted from your PIP plan): | | | |
| An explanation linking the expenditure of funds to the part of your plan being supported: | | | |

**Budget: (attach out-of-state travel budget form, if applicable)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Expenses** | | | | | | | | |  |  |
| Air Fare: | | | | | | | | | $ |  |
| Mileage: | # miles |  | | X | $.67/mi | | | | $ |  |
| Lodging: | # days |  | | X | $ per day | | |  | $ |  |
| Meals (in state) | | | # days |  | | X | $54 per day | | $ |  |
| Meals (out-of-state) | | | # days |  | | X | $66 per day | | $ |  |
| Registration fee: | | | | | | | | | $ |  |
| Misc. fees: | | | | | | | | | $ |  |
| **TOTAL EXPENSES** | | | | | | | | | $ |  |
| **Funding Sources** | | | | | | | | |  |  |
| PIP Funds: | | | | | | | | | $ |  |
| Department travel/PD funds: | | | | | | | | | $ |  |
| Personal Funds: | | | | | | | | | $ |  |
| Other Funds (please specify): | | | | | | | | | $ |  |
| **TOTAL FUNDING** | | | | | | | | | $ |  |

**Please note that your expenses and funding sources amount must balance.**

|  |  |
| --- | --- |
|  |  |
| Faculty Signature | Date |
|  |  |
| D.E. Signature | Date |