

**Central Oregon Community College
Request for Professional Development Funds/Reimbursement
Administrative/Adult Basic Skills**

Instructions: Please fill out form completely, print and attach all receipts, class schedules and transcripts to the request. Send Request to Human Resources for processing. See below for eligible expenses

Name: _____ Date Requested: _____
Department: _____ COCC ID Number: _____
Administrative or ABS? _____ Full-time/part-time: _____
Telephone Ext.: _____ Date of Hire: _____
College/University: _____ Degree Pursued: _____

Please give a detailed accounting/breakdown of total costs for this reimbursement request:

Total amount applying for: _____
Prior funds approved this fiscal year (July 1-June 30): _____

Breakdown of expenses:

Tuition: _____ Books: _____
Travel/Lodging: _____ Other: _____

Check Request to fiscal services:

Make check payable to: _____

Street Address or Office Location: _____

City: _____ State: _____ Zip: _____

Signature of Applicant: _____

Signature of Supervisor: _____

(please print and sign)

For HR Use Only:

Application Approved: _____ Application Denied: _____

Amount Approved: _____ Account to charge(s): _____

Authorized Signature or budget administrator: _____