



FOOTHILL-DE ANZA
Community College District

ACE Travel and Conference Funds - Foothill

The Travel and Conference Fund provides opportunities for permanent ACE 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, complete the Travel and Conference Fund Application and submit it directly to the ACE President and Foothill Classified Senate President. 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/forms.html>.

Approval of the travel and conference funding considers:

- Value to the employee in upgrading their skills and/or keeping abreast of developments in fields related to their 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.

Thank you.



Foothill ACE 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 ACE President and Foothill Classified Senate President 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.)

FOR OFFICE USE ONLY

Approved: Max Amount: _____ Not Approved:

Date Received

Foothill 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.

Conference Fee:		
(Attach a copy of brochure/flier)		
Transportation		
Airfare:		
OR		
Auto:		
(Attach copy of Airline estimate or MapQuest/Google driving directions)		
NOTE: When an employee elects to use a personal automobile for out-of-district transportation, the employee will be reimbursed at the current IRS statutory limit for the first 300 miles. Beyond that mileage, the employee will be reimbursed at the "economy" airfare to/from that location.		
Estimated Transportation Fees(shuttle/taxi/parking/tolls):		
Lodging:		
(Attach copy of hotel quote/reservation)		
Number of Nights: _____	Rate per Night: _____	
	(Incl. Taxes, etc.)	
Meals/Per Diem:		
TOTAL COSTS:		
AMOUNT REQUESTED:		

Important: Applicants Please Read!

To be reimbursed for expenses, you must submit all of the following to the Director, Human Resources within 45 days of the date on which the activity occurred:

- ` The completed trip voucher
- ` **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/policies-and-procedures/ff-travel-policy.html>)

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: _____

