

# Associate Faculty Clackamas Community College Professional Development Funds Application

## Instructions To Complete Application:

<p style="text-align: center;"><b>1</b></p>	<p>Download the Associate Faculty Professional Development Funds Application package. The package consists of the following 3 forms:</p> <ol style="list-style-type: none"> <li>1. Associate Faculty Professional Development Funds Application Form</li> <li>2. Clackamas Community College Request for Payment (RFP) Form</li> <li>3. Clackamas Community College Travel Voucher Form</li> </ol> <p><i>(You will always need to complete Form 1 and either Form 2 or Form 3 depending on your type of reimbursement request!)</i></p>
<p style="text-align: center;"><b>2</b></p>	<p>Complete Form 1 (Professional Development Funds Application Form) as you gather all supporting documents (such as: flyers, addenda listings, registration forms, receipts, invoices, copies of checks, copies of bank statements, and invoices (that are marked paid) to verify your expenses. Form 1 is a fillable PDF and as so can be saved, edited (if need be), e-mailed, and/or printed.</p>
<p style="text-align: center;"><b>3</b></p>	<p>After Form 1 (Associate Faculty of Clackamas Community College Professional Development Funds Application) has been completed. One of the Clackamas Community College reimbursement forms will need to be completed, which one depends on the type of reimbursement you are requesting.</p> <ul style="list-style-type: none"> <li>• If you <b>are not</b> claiming any travel expenses, transfer all relevant information to Form 2 (Clackamas Community College Request for Payment (RFP)) Page. (HR will complete the "Account Numbers" and the Authorizing Signature.)</li> <li>• If you <b>are</b> claiming any travel expenses, transfer all relevant information to Form 3 (Clackamas Community College Travel Voucher Page) and use the appropriate per diem charts for your lodging and meals expenses. The link for per diem information. &lt;<a href="https://www.gsa.gov/travel/plan-book/per-diem-rates">https://www.gsa.gov/travel/plan-book/per-diem-rates</a>&gt; <i>(You will need to print the appropriate per diem charts and attach them to the application package.)</i> If you are requesting mileage, a map documenting the distances is also needed.</li> </ul>
<p style="text-align: center;"><b>4</b></p>	<p>After you have completed Form 1 (Professional Development Funds Application Form) and either Form 2 or Form 3, they will need to be submitted (with all supporting materials) to the Associate Faculty Professional Development Committee at <a href="mailto:MaryJean.Williams@clackamas.edu">MaryJean.Williams@clackamas.edu</a></p>

# Associate Faculty Clackamas Community College Professional Development Funds Application

"\*" Indicates a Required Field

<b>Personal Information:</b>	*CCC Id #
*Full Name	*Department
*eMail	*Phone

## General Budget Outline:

Registration Fee / Class Tuition.....	\$	Attach receipts, any flyer/poster, (anything relevant)	If any of these fields are used – You will need to complete page 3 CCC Travel Voucher Form.
Materials for Class or Seminar.....	\$	Attach receipts	
Travel Cost ( <i>round trip</i> ).....	\$	Attach receipts (traveling by auto – use current IRS Mileage Rate)	
Lodging ( <i>at per diem rate</i> ).....	\$	Refer to per diem rate chart or attach receipts	
Meals ( <i>at per diem rate</i> ).....	\$	Refer to per diem rate chart	
Professional Membership / Dues....	\$	Attach receipts	
Periodicals / Reference Books.....	\$	Attach receipts	
Other:.....	\$	Attach receipts for anything that doesn't fit in the categories above	
<b>*Total</b>	<b>\$</b>	Total will auto accumulate	

## Description: *(Attach additional sheets if necessary)*

\*How do these activities help you grown in your professional role?

## Signatures:

*Applicant	*Date
CCC AF PD Chair	Date
Notes	

# Request for Payment (RFP)

Clackamas Community College  
 (503) 594-3089 Accounts Payable

Assign your own  
 number if needed:

RFP # \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Staff ID #: \_\_\_\_\_

Will pick up check: 

Yes	No
Select box	

Fill in address where check will be mailed below  
 OR circle/highlight it on the attached invoice.

Fill in invoice number below OR  
 circle/highlight it on attached invoice.

RE \_\_\_\_\_ For Employee Reimbursements  
 Mo/Yr

**Account Number**

Description:	Account Number					Amount
	Fund	Prog	Loc	Dept	Account*	
_____	---	---	---	---	---	_____
_____	---	---	---	---	---	_____
_____	---	---	---	---	---	_____
_____	---	---	---	---	---	_____
_____	---	---	---	---	---	_____
_____	---	---	---	---	---	_____
					Total	<input type="text"/>

\* Use 60040 for furniture and equipment costing less than \$5,000 per item; use 7xxxx accounts if \$5,000 or more.  
 See account numbers and descriptions at <http://depts.clackams.edu/businessoffice/ChartOfAccounts.aspx>.

Applicant Signature: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Notes for AP processing: list any instructions for Accounts Payable below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location:  
 I:\Business Office\AP\Forms

# CCC Travel Voucher

**Claimant's Name:**

**Staff ID #:**

Please see travel policy at

<http://depts.clackamas.edu/businessoffice/perDiem.aspx>

Date	Place And Purpose Of Travel	Meal Receipts					Lodging	Use IRS Mileage Rate				Total
			Day	Bkfast	Lunch	Dinner		Total Miles	Amount	Description	Amount	
<b>Total By Type</b>												
Please always verify totals												

If you would like an electronic deposit direct to your bank account and have not signed up, please see the instructions at:

<http://depts.clackamas.edu/businessoffice/accountsPayable.aspx>

To have a check mailed, please write name, address, city, state & zip code below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fund	Program	Location	Dept	Account	Amount
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-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
<b>Total by Code</b>					-----

<b>Applicant Signature:</b>	<b>Telephone #:</b>	<b>Authorizing (HR Dept.) Signature:</b>	<b>Date Signed:</b>
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Revision Date 1/17/2023	<b>IRS Mileage Rate</b>	From 01/01 to 06/30/2022 <b>58.5</b> cents per mile	From 07/01 to 12/31/2022 <b>62.5</b> cents per mile	From 01/01 to 12/31/2023 <b>65.5</b> cents per mile
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