

California State University, Chico
REQUEST FOR USE OF PROFESSIONAL DEVELOPMENT FUNDS
(One form per request – all funds require preapproval – please see procedures)

Name of Requestor: _____ Academic Year: _____

College: _____ Department: _____

Amount Requested: \$ _____ State Funds: \$ _____ Foundation Funds: \$ _____

***NOTE: Preapproval is required prior to any and all travel, purchases, hires, contracts, services, etc.**

REQUESTED USE OF FUNDS – All require preapproval

- Travel** (complete Travel Request in [Concur](#) – **preapproval is required** prior to all travel)
- Item** (complete Purchase Order section below)
- Service** (student employees or other outside services - complete Service Request section below)

Please explain the proposed use of funds **in detail**:

Please explain how this relates to your professional development, including your research, scholarly and creative activities:

PURCHASE ORDER INFORMATION – All purchases require preapproval

Vendor Name: _____

Vendor Address: _____

City, State, Zip _____

Phone (include area code) _____ Phone: _____ 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 - Proper University Procedures must be followed)***

SERVICE REQUEST INFORMATION – Preapproval is required

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: _____