

REQUEST FOR PROFESSIONAL DEVELOPMENT FINANCIAL SUPPORT
 School of Applied Science, Engineering, and Technology - University of Southern Maine

Name:	Date of Request:
Soc. Sec. No.:	Phone No.:
Department:	Office Location:

Brief description of development activity:

Inclusive Dates:	Location:
------------------	-----------

Brief justification of development activity:

Estimated Cost

Meals:	Lodging:	Travel:
Fees:	Other (<i>specify</i>):	
Other (<i>specify</i>):	Total estimated funds needed:	

Funding

Department funding	Account:	Amount:
Other funding (<i>specify</i>):	Account:	Amount:
Matching fund request		Amount:

Approval

Endorsed by Department Chair/Supervisor	Date:
Approved by Dean	Date:
Disapproved by Dean	Date:
Matching funds not to exceed: (<i>Dean's office only</i>)	
Account: (<i>Dean's office only</i>)	