

Long Beach City College - Faculty Professional Development Travel Funding Approval Form

Only fill out this form if you are requesting FPD Funding

Name: Last _____ First _____ Employee ID # _____

Department _____ Dean _____

☐ Full Time Faculty ☐ Adjunct Faculty ☐ Classified ☐ Administrator/Management

Title of Event _____

Location _____ State _____

Dates _____

How does your participation in this event benefit the District?

Cost Estimates

Total Conference Cost \$ _____

FPD Funding Requested \$ _____ (\$800.00 max per year, per faculty member)

Additional Funding Source/s:

Dept: _____ \$ _____

Dept: _____ \$ _____

Date:

Return to FPD@lbcc.edu for review. Upon approval, attach to your Pre-Approval request in the Emburse Travel System.

Below for FPD Use

☐ Reviewed and Funds Approved by FPD Amount \$ _____

☐ Denied by FPD: Reason _____

Name _____ Date _____