JCJC FOUNDATION FACULTY ENRICHMENT GRANT
REQUEST FOR FUNDS

NAME:_________________________________________________________________________

DATE OF REQUEST: ________________________ DATES TO BE USED: ________________

DIVISION: _______________________________________

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DESCRIPTION OF TRAVEL
(A flyer or brochure, etc. with cost information must be attached to this request.)

Destination (City, State) __________________________________________________________

Purpose of Travel _______________________________________________________________

Mode of transportation: ____ College Car ____ College Van ____ Personal Car ____ Air___ Other

If traveling by public carrier, how will you travel to terminal? ___________________________

Round trip mileage if traveling by car or van ___________________________________________

Name/Address of lodging accommodations ____________________________________________

Depart date _____ Depart from base _____ am/pm Carrier departs _____ am/pm First Req. Meal B L D

Return date _____ Arrive at base _____ am/pm Carrier arrives _____ am/pm Last Req. Meal B L D

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ESTIMATE OF EXPENSE

Subsistence: Regular meals, including tips $______________

Hotel ______________

Travel: _____ miles @ 31 cents/mile ______________

Public carrier ______________

Taxi/Shuttle Bus ______________

Fees: Registration ______________

Other ______________

TOTAL FUNDS REQUESTED: $______________

Person Making Request: ___________________________________________________________________________

Division Chair: ________________________________________________________________________________

Dean _______________________________________________________________________________________

President of the College: _______________________________________________________________________

(This signature will be secured by the JCJC Foundation office staff.)