

**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 .)