

School/College of	
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Fiscal Year: 20 / 20		Allocated Funds Available:			
Use of Professional Developmental Funds					
Print Faculty Member's Name		Faculty Member's Signature			
Use of Professional Development Funds					
I request the use of Professional Develo	pment funds alloc	cated to me for the following	g amount(s) and	l purpose:	
\$ Purpose:			on	(date)	
\$ Purpose:			on	(date)	
\$ Purpose:			on	(date)	
\$ Purpose:			on	(date)	
\$ Purpose:			on	(date)	
\$ Purpose:			on	(date)	
Approval of all use of funds requests listed a	above (If any are l	heing denied indicate which	one and the re	eason below)	
		Provost: (choose one)		Rejected	
Reason for rejection:					
Date:		D 2 0'	Date:	:	
Dean's Signature]	Provost's Signature			