



NORTHERN MICHIGAN
UNIVERSITY

NMUFA Professional Development Funds Request

Fill out the form, print, and submit to the department head for review.

Name:

Title:

Program:

Today's Date:

Date (s) of Activity:

Description

Use this space to describe the professional development activity and how it: (1) fulfills educational requirements; (2) relates to assigned responsibilities and; (3) contributes to professional growth.

Professional Development Fund balance prior to this request is estimated at \$

<i>Tuition/Fees</i>	<i>Housing</i>	<i>Meals</i>	<i>Transportation</i>	<i>Books/Supplies</i>	<i>Other</i>	<i>Total</i>
\$	\$	\$	\$	\$	\$	\$

**Note: Meals – Reimbursed at actual cost, maximum \$32 per day
Mileage – at current University rate**

Attach Support Materials (such as):

Conference/Meeting Brochure

Registration Form which includes fee information

Reviewed/Approved: _____
Department Head Date

Amount Approved: _____