



Professional Development Matching Fund

ADVANCED PRE-APPLICATION FOR FUNDS

This Advanced Pre-Application for Funds form must be submitted 30 days prior to the scheduled presentation. A Professional Development Reimbursement form including expenses and original receipts must be submitted within 30 days following the presentation.

Scholar's Name: _____

Institution: _____

Name of event where scholar will present: _____

Date of the event: _____ Event location: _____

Anticipated costs:

| | | |
|---|-----------|----------------------|
| Registration Fee | \$ | _____ |
| Lodging | \$ | _____ |
| Meals* | \$ | _____ |
| Travel - airfare | \$ | _____ |
| Travel - mileage (@ 44.5 cents/mile) | \$ | _____ |
| Round-trip From: _____ | To: _____ | |
| Other expenses | \$ | _____ Explain: _____ |

Travel by privately owned automobile will be calculated at 48.5 cents/ mile, not to exceed the cost of round-trip coach airfare.

TOTAL ANTICIPATED EXPENSES \$ _____
(Amount should match TOTAL ANTICIPATED FUNDS below)

*Reimbursement will **not** be made for meals purchased during events where meals are provided. Original receipts are required.

What are your anticipated source(s) of funds for the costs to attend this event?

Department Funds \$ _____

Other Funds (President's Office, Graduate School, etc.) \$ _____

Personal Funds (Cash, Credit Card, etc.) \$ _____

TOTAL ANTICIPATED FUNDS: \$ _____
(Amount should match TOTAL ANTICIPATED EXPENSES above)

IMPORTANT: You will be required to provide a copy of the official event program showing your name and the date and time of your appearance as a presenter at the event.

I verify that the above provided information is correct.

Scholar signature: _____ Date: _____

Send this completed form to:

SREB-State Doctoral Scholars Program
Attn: Professional Development
592 Tenth Street, N.W.
Atlanta, GA 30318-5790
Fax: 404-872-1477