

*Faculty Professional Development Committee (FPDC)*

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| --- | --- | --- |
| Date Application Received: |  | |
| Approved Amount: | $ | |
| FPDC Decision Date |  | |
| Approved: | Yes | No |
| FPDC Chair Signature: |  | |
| Date Report Received: |  | |

A completed application will be considered using the FPDC guidelines**. Return the completed application electronically (via email) to the FPDC chair before the 1st of the month for consideration & response/decision within one week. Applications submitted after the 1st of each month will be reviewed the following month. Incomplete applications will be returned to the applicant for resubmission.** IMPORTANT: Your application must include supporting documents as per FPDC Guidelines.

Please Print:

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| Name |  | | | | Title: |  |
| Division: |  | | | | Division Chair: |  |
| Duration of Employment with UNM-Gallup | | | |  | Banner ID# |  |
| Requested Activity | |  | | | | |
| Date/Time of Departure: | |  | | | Date/Time of Return |  |
| Actual Conference Activity Dates: | | |  | | | |
| City, State: | |  | | | Date Last Funded by FPDC: |  |
| Are you a Visiting Faculty? | | Yes No | | | | |
| Are you coming up for Code 6? | | Yes No | | | Code 3? | Yes No |

**How does this activity support your professional/cultural development as a faculty member of UNMG and align with the mission and strategic plan?**

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APPLICANT STATEMENT:

**I WILL SUBMIT A ONE-PAGE SUMMARY TO THE CHAIR OF THIS COMMITTEE AND MY DIVISION CHAIR WITHIN 15 WORKING DAYS OF MY RETURN (FROM LIVE OR VIRTUAL EVENT), DESCRIBING MY ACTIVITIES AND HOW I BENEFITED FROM THEM. THIS REPORT MAY BE DISTRIBUTED TO FACULTY AND/OR STAFF, IF APPROPRIATE.**

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| ***Applicant Signature:*** | ***Date*** |

**TO DOCUMENT YOUR SUPERVISOR’S AWARENESS OF YOUR APPLICATION, PLEASE REQUEST YOUR DIVISION CHAIR TO SIGN BELOW.**

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| ***Division Chair’s Signature:*** | ***Date*** |

**FPDC Committee Comments only:**

*Approved or Disapproved and reason for disapproval*

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Dr. Smita Rashid, FPDC Chair Date

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Alok Dhital, Member Date

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Lorraine Aguayo, Member Date

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Dr. Lewis Gambill, Member Date

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Dr. Aretha Matt Date

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| ***Dr. Daniel Primozic, Dean of Instruction Date*** |  |

UNM Gallup

Electronic Travel Requisition

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| Index to be used: | | | |  | | | | | Division: | | |  | | | | | | | |
| Restricted or Unrestricted Account? | | | | | | | YES or No | | | | | | Preapproval Requirement? | | | YES or No | | | |
| Travel to attend (include brochures, registration forms, etc.): | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Dates of Travel: | | | Leave (Date & Time) | | | | | |  | | | | | | | | | | |
| Return (Date & Time) | | | | | | |  | | | | | | | | | |
| Person (one per requisition) that will be traveling (include contact information and birthday for air travel). | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | DOB: | |  | | | | | |
| Contact Information: | | | | | Primary: | | | | | | | Alternate: | | | | | | | |
| Business Purpose (Remember to include why this travel is necessary and how it benefits UNM, please be as detailed as possible to avoid late payment reimbursements/available reservations/etc.) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Hotel/Lodging Information: | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | Address | | | | | | | | | | Amount | Acct Code |
|  | | | | | | | |  | | | | | | | | | | $0.00 |  |
| Airfare (3 quote minimum, attach documentation w/airfare information & flight numbers.) | | | | | | | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | | | | | | $0.00 |  |
| 2) | | | | | | | | | | | | | | | | | | $0.00 |  |
| 3) | | | | | | | | | | | | | | | | | | $0.00 |  |
| Fleet vehicle to be used: # of miles x 0.585 (attach documentation) | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | Miles: | | | 0 | 0.585 | | | $0.00 |  |
| Rental Car: (Enterprise for in-state/National for out-of-state.) Attach needed dates and quotes. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Enterprise: | | |  | | | | $0.00 |  |
|  | | | | | | | | | | | National: | | |  | | | | $0.00 |  |
|  | | | | | | | | | | | Miles | | | 0 | .50 | | | $0.00 |  |
| *\*\*Important Note: If staff/faculty prefers to use a personal vehicle throughout their trip, fill out and document the comparable form. Remind staffm /faculty that they will be paid at the lower rate available to UNM.* | | | | | | | | | | | | | | | | | | | |
| Parking Fees (best available): Attach documentation and/or quotes. | | | | | | | | | | | | | | | | | | | |
| At Airport: | |  | | | | | | | | | | | | | | | | $0.00 |  |
| At Hotel: | |  | | | | | | | | | | | | | | | | $0.00 |  |
| At Event: | |  | | | | | | | | | | | | | | | | $0.00 |  |
| Other: | |  | | | | | | | | | | | | | | | | $0.00 |  |
| Additional information and/or Special Instructions: | | | | | | | | | | | | | | | | | | | |
| Meals per diem (<https://www.gsa.gov/travel/plan-book/per-diem-rates>) per days: $0.00 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Total amount requested:** | | |  | | | | | | | | | | | |  | | **$** | | |
| Prepared by: | | |  | | | | | | | | | | | | Date: | |  | | |
| Approved by: | | |  | | | | | | | | | | | | Date: | |  | | |
| Approval sent by email: | | | | | |  | | | | | | | | | Date: | |  | | |

\*\*For any application to be considered, supporting documents must be provided. Please attach a copy of the conference/event agenda, letters requesting or approving presentation, airfare, cost of hotel accommodations, meal cost per diem, and any other document that support the need for approval of the application**.** Thank you.