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**FAYCCD TRAVEL AND CONFERENCE FUNDS**

**GUIDELINES AND PROCEDURES**

**CRITERIA:**

***FAYCCD (Faculty Association) Travel and Conference Funds*** are awarded by the Flex Committee. Use of funds is for professional growth and development of FAYCCD members. Applications must meet the following criteria:

1. FAYCCD Travel and Conference funds may be allocated only for Full-Time Faculty activities.
2. Funds will be awarded according to the following criteria:

• How information from the activity will impact the faculty member’s assignment.

• How information from the activity will impact the faculty member’s department/division.

• How information from the activity will impact the District as a whole.

1. The limit per faculty member each academic year is $1000.
2. Units earned with full-time travel funds may not be used for advancement on the salary schedule.
3. Faculty is encouraged to present a one-hour informal session for department or division colleagues.
4. Faculty must notify their supervisors if it is necessary to miss a class in order to attend the proposed activity.

**INSTRUCTIONS:**

**Prior to Travel**

1. Complete and sign the forms listed below:
   1. ***Application for FAYCCD Travel and Conference Funds*** (attached below)
   2. ***Travel Advance Request***:attach copies of supporting documentation (e.g.: conference information/agenda/brochure, registration fee, and information of expenses on lodging, flight, car rental/mileage.)

This form is available on *YC* [*Conference and Travel Paperwork* website](https://yc.yccd.edu/about/professional-development/about-professional-development-travel-paperwork/).

* 1. ***Travel Advance Checklist*** (attached below)

The ***Travel Advance Request*** and ***Travel Advance Checklist*** **must** be turned in **2 weeks** prior to travel for insurance purposes even if no cash advance is requested.

(NOTE: If the faculty member incurs costs prior to approval, and the application is not approved, then the costs become the responsibility of the faculty member.)

1. Submit the package of **ALL** completed forms and documentation listed in the above to obtain your Dean/Supervisor’s signature on the ***Travel Advance Request*** Form.
2. Submit the package to the Flex Committee Chair for approval and processing for following steps.

The flow steps are: Applicant 🡪Dean/Supervisor 🡪Flex Chair 🡪FAYCCD Treasurer 🡪Administrators & Accounts Payable Department

**After Travel is Completed**

* For reimbursement, upon returning from the in-service activity, please submit the two forms listed below to the Flex Committee Chair.
  1. ***Travel / In-Service Follow-up Report*** (attached below)
  2. ***Travel Reimbursement Form*** (available at[https://yc.yccd.edu/about/professional-development/about-professional-development-travel-paperwork/](https://yc.yccd.edu/about/professional-development/about-professional-development-travel-paperwork/%20)) with receipts
* The Flex office will forward the said two forms with your receipts to the *Accounts Payable Department* for your reimbursement.

**Complete this form prior to travel and submit to the Flex Committee Chair**

**(**[**msharma@yccd.edu**](mailto:msharma@yccd.edu) **at Yuba College, or**

**(**[**jmccabe@yccd.edu**](mailto:jmccabe@yccd.edu)**) at WCC**

**Yuba Community College District**

**APPLICATION FOR FACULTY ASSOCIATION OF YUBA COMMUNITY COLLEGE DISTRICT (FAYCCD) TRAVEL AND CONFERENCE FUNDS**

**NAME TITLE OF ACTIVITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ACTIVITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Did you receive FAYCCD travel funding last year? *(Circle your answer below)*

● Yes ● No

1. If your answer to the previous question was “Yes”, how much money were you granted?
2. Describe and provide evidence of the activity that you are currently seeking the funding for. Explain how you will use this activity to upgrade, enhance, or improve your assignment and/or benefit the campus community.

1. Are you willing to lead a Flex/Professional Development activity based on what you have learned from this activity? *(Circle your answer below.)*

● Yes ● No

1. If your answer to the previous question was “No”, explain why not.
2. How much money are you requesting the funding for? *(Note: The maximum amount you can receive is $1,000 (FAYCCD Negotiations Dec. 2017).)*
3. Please briefly explain how you came up with this dollar amount. For example, what are your estimated transportation costs, lodging costs, meal costs, and conference fees? The form on the back of this page should be used to help estimate your costs*. (No actual receipts are necessary at this point, but in order to receive your re-imbursement you will need to provide documentation for all costs you seek funding for.)*

***NOTE:*** *If the faculty member incurs costs prior to approval, and the application is not approved, then the costs become the responsibility of the faculty member.*

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE APPROPRIATE FLEX COMMITTEE CHAIR:**

* **Yuba College:** Mukta Sharma [msharma@yccd.edu](mailto:msharma@yccd.edu) or
* **WCC**: Jennifer (Jenny) McCabe, Ext. 661-5754, jmccabe@yccd.edu

**FLEX COMMITTEE CHAIR APPROVAL**

APPROVED: Yes N0 RECOMMENDED AWARD: $

Flex Committee Chair’s Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For District Office use only:* Amt. Awarded: $ \_\_\_\_\_\_ Date Awarded: \_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_

FAYCCD Treasurer’s Signature: Date:

The portion of the form should be used to estimate your travel costs (Questions 6 & 7).

**To be used to estimate the costs of your travel:**

Estimated Transportation Costs:

• Personal Car Roundtrip Miles @ 57.5 cents/mile = \_\_\_\_\_\_\_\_\_\_\_\_

• Bus, Plane, Train, etc. = \_\_\_\_\_\_\_\_\_\_\_\_

• Auto Rental = \_\_\_\_\_\_\_\_\_\_\_\_

• Parking = \_\_\_\_\_\_\_\_\_\_\_\_

• Other = \_\_\_\_\_\_\_\_\_\_\_\_

Estimated Meal Costs:

• Breakfast Meals \_\_\_\_\_\_\_\_\_ X $ 10.00 = \_\_\_\_\_\_\_\_\_\_\_\_

• Lunch Meals \_\_\_\_\_\_\_\_\_ X $ 15.00 = \_\_\_\_\_\_\_\_\_\_\_\_

• Dinner Meals \_\_\_\_\_\_\_\_\_ X $ 30.00 = \_\_\_\_\_\_\_\_\_\_\_\_

Estimated Lodging Costs:

• Number of Nights X $ Per Night = \_\_\_\_\_\_\_\_\_\_\_\_

Estimated Registration Fees: = \_\_\_\_\_\_\_\_\_\_\_\_

Other Estimated Expenses (Itemize): = \_\_\_\_\_\_\_\_\_\_\_\_

**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_**

*Updated 9/12/18*

**Travel Advance Checklist**

Please attach this completed checklist to the ***Travel Advance Request*** form (available on YC [*Conference and Travel Paperwork* website](https://yc.yccd.edu/about/professional-development/about-professional-development-travel-paperwork/)) and submit to the Flex Chair 2 weeks prior to travel.

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Travel # can be created on the YC [*Conference and Travel Paperwork website*](https://yc.yccd.edu/about/professional-development/about-professional-development-travel-paperwork/).)

**Check One:**

**CASH ADVANCE NOT REQUIRED** (The Travel Advance Request form is still required for insurance purposes.)

* **IMPORTANT:** Attach conference information, agenda, or brochure.
* **IMPORTANT:** Obtain signature of Claimant and Supervisor on Travel Advance Request form.
* Initial the following acknowledgement:

*I acknowledge that I will pay for all expenses (airfare, lodging, registration, etc.) up front and that* *I am not entitled to a reimbursement until I submit the Travel Reimbursement claim. I am also aware that, with the exception of meals, all expenses require an original receipt from the vendor.*

**CASH ADVANCE REQUESTED**

* **IMPORTANT:** Attach conference information, agenda, or brochure.
* **IMPORTANT:** Obtain signature of Claimant and Supervisor on Travel Advance Request.
* **IMPORTANT:** Incomplete Travel Advance forms will be returned to the claimant.
* **IMPORTANT:** Payments are mailed on Fridays. The completed Travel Advance form must be received in Accounts Payable no later than two working Fridays prior to the date checks are to be mailed.
* An advance is not available for mileage and auto rental.
* The District does not provide an advance when the attendee pays for registration or airfare on a personal credit card.
* Original itemized receipts for all expenses (except mileage and meals) are required to be submitted upon return with a Travel Reimbursement claim regardless of whether a reimbursement is required.

**Travel Advance Checklist**

**Check each item for which you are requesting a cash advance:**

Airplane (paid on District Account)

* Contact Four Seasons Travel Agency at (530) 674-1314 to make arrangements. Use the Travel Form Number as the PO number.
* Four Seasons Travel Agency will email the receipt/itinerary to the traveler.
* **IMPORTANT:** Attach a copy of the receipt/itinerary from Four Seasons Travel Agency to the Travel Advance.

Meals

* Identify each meal for which an advance is requested with an “X”.
* Identify meals provided as part of registration fee with an "R".
* **IMPORTANT:** Attach an agenda that shows what meals are included in the registration.

Lodging

* Print name of hotel and confirmation number.
* Reserve the room using a personal credit card (an advance will be given before the trip so that the room can be paid with cash rather than the personal credit card).
* **IMPORTANT:** Attach a copy of the hotel confirmation showing the amount of lodging.

Registration

* Print name of organization and registration due date on Travel Advance.
* **IMPORTANT:** Attach a **completed** registration form. The form **must** identify registration fees and the name and address where the registration is to be mailed.
* **Registration will be mailed directly to the vendor.**

**TRAVEL / IN-SERVICE FOLLOW-UP REPORT**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE OF ACTIVITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To the Recipient of in-service funds: The purpose of the follow-up report is to help the Flex Committee to evaluate the value of the Travel/In-Service activities. In writing the report, please be specific and concise, avoiding general statements like “it was great” or “awful”.

1. What I learned from the conference or activity:

2. How I plan to apply what I learned:

3. How and when I plan to share it with colleagues:

**The follow-up report must be turned in with the claim for reimbursement for immediate processing of your request.**

APPLICANT’S SIGNATURE: DATE: \_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED COMMITTEE ACTION:

FOR OFFICE USE ONLY