## AB1725 Grant Application & Travel Order Requisition

### (Part 1 of 3)

<table>
<thead>
<tr>
<th>AB1725 Subcommittee’s Decision</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Remaining</td>
<td>Amount Approved</td>
</tr>
</tbody>
</table>

### ACTIVITY INFORMATION:
- (Check One) □ Conference / Workshop / Seminar □ Tuition / Class / Course □ Group Grant
  - a. Title of Activity / Course:
  - b. Name of Activity Organization / Institution:
  - c. Activity Location:
  - Activity Start Date: __________
  - Activity End Date: __________

### PERSONAL STATEMENT:
- (Complete Attachment - Part 2 of 3)

### AGREEMENT:
I have READ the rules and guidelines printed on the back of this form, and understand the process / procedures involved. If awarded, I will submit a written evaluation of the activity plus proof of attendance and payments to the Office of Professional Development no later than the TEN (10) working days after the completion of this activity. Failure to do so will invalidate the award. As part of my contribution to the College, I understand and acknowledge that I may be asked to present a workshop.

### FUNDING AUTHORIZATION:
* AB1725 Grant Authorizing Signature
  - Amount
  - Date

* Faculty Travel Committee Chairman’s Signature
  - Amount
  - Date

* Other Authorizing Signature
  - Amount
  - Date

- If you are receiving additional funds, please indicate Authorization Signature(s) above and Appropriation Numbers and Amount(s) below

### COLLEGE APPROPRIATION NUMBER

<table>
<thead>
<tr>
<th>FUND</th>
<th>ORGN</th>
<th>ACCT</th>
<th>PROG</th>
<th>ACTV</th>
<th>AMOUNT</th>
<th>POSTED BY</th>
</tr>
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<tbody>
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### (Accounting Office Use)

<table>
<thead>
<tr>
<th>CONTROLLER’S APPROPRIATION NUMBER</th>
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</thead>
<tbody>
<tr>
<td>FUND</td>
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**TOTAL REQUESTED $**
(Carry Over Total from #7 of Estimated Costs Sheet - Part 3 of 3)

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**Signature**

Applicant’s Signature

Supervisor’s Signature

Date

Date

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6/22/00

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DBO