

**TOMPKINS CORTLAND COMMUNITY COLLEGE  
PURCHASE REQUISITION/CHECK REQUEST**

VENDOR: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT(s): 10-1272-001  
Foundation

Please use this form when applying to the Classified Staff Development Fund of the TC3 Foundation. Mail to Teresa Mix, Classified Staff Development Chair, mail code 139 by the appropriate deadline. The Classified Staff Development Fund Committee will make its recommendations to the Foundation in a timely manner.

Name of workshop/conference/class \_\_\_\_\_  
 Location of workshop/conference/class \_\_\_\_\_  
 Date(s) of workshop/conference/class \_\_\_\_\_  
 Purpose of attending: \_\_\_\_\_  
 \_\_\_\_\_

Registration:	\$ _____
Transportation:	\$ _____
Lodging:	\$ _____
Meals:	\$ _____
Books:	\$ _____
Fees:	\$ _____
Other (Please specify):	\$ _____

Dept. Funds:	\$ _____
Other Sources:	\$ _____
Amount Requested From Foundation:	\$ _____
<b>Amount Granted</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Have you received funds previously from the TC3 Foundation for Classified Staff Development activities?  
 If so, please note when \_\_\_\_\_ for what activity \_\_\_\_\_  
 and how much funding \_\_\_\_\_

Please attach any additional materials you wish to submit to support your request (rationale, workshop brochure etc.) Please submit to your immediate supervisor for the appropriate signatures.

Supervisor: \_\_\_\_\_

Department Head: \_\_\_\_\_

Any questions? See Julie Gerg or call her at ext. 4401. Please feel free to contact any member of the Classified Staff Development Fund Committee (C. Askew, T. Mix or R. Moore).

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**FOR OFFICE USE ONLY**

ORDER # \_\_\_\_\_  
 DATE \_\_\_\_\_  
 CK # \_\_\_\_\_  
 AMOUNT \_\_\_\_\_  
 ACCT # \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
 D.H. APPROVAL: \_\_\_\_\_  
 DEAN APPROVAL: \_\_\_\_\_  
 PUCH. AGENT: \_\_\_\_\_

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