

Professional Development Requisition

REFERENCE
(Leave Blank)

Wenatchee Valley College

1300 Fifth Street- Wenatchee, WA 98801

Date _____

ProDev Funds to be used:

Contracted	Amount/%	Awarded	Amount/%	
FT Faculty		Faculty		
149.044.1G120	_____	148.044.1G100	_____	
PT Faculty		Classified/Exempt		
149.044.1G110	_____	148.083.1A032	_____	
		Allied Health Faculty		
		148.044.1G019	_____	Initials & Last 4 EMPLID

Instructions: Type or print clearly. Forward to appropriate administrator for approval. List items with estimated price. For travel, attach travel authorization and/or travel expense voucher. For items already purchased, attach an A-19 invoice voucher. If this requisition is used to donate funds to another faculty member, include faculty member's name.

Desired Delivery Date

Item No.	DESCRIPTION	Quantity	Unit	Unit Price	Amount
Deliver to _____					

Suggested Vendors: Include Address

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

By signing here, I certify that I understand that all travel and purchases of goods and services must follow District and State guidelines and requirements and are the property of Wenatchee Valley College.

APPROVAL ROUTE:	Date
Person making request	
Approved: (Area Administrator)	
Approved: (Vice President)	
Approved by President (if applicable)	
Business office verification	

FACULTY- COMPLETE BUDGET INFORMATION BELOW

Budget allotment	
Funds expended and encumbered to date	
Remaining balance available	
Extended cost of requisition	
Remaining balance or deficit	
(Approval of Dean and President required if deficit)	