

3. How does this contribute to you remaining current in your professional field(s)?

4. **Faculty Only:** Will this professional development activity contribute to your ongoing development in instructional methodology and adult education? How?

Direct or indirect benefits to the College.

1. How does the opportunity align with your department and/or program goals or college goals such as Vision 2020 <http://web.bowvalleycollege.ca/pdf/BVCVision2020Report2011.pdf> ?

2. If applicable, how might this professional development opportunity benefit you colleagues?

3. Optional: Any other information that you would like to share in support of your request for professional development funds:

APPENDIX B

OUT OF COUNTRY

All employees travelling out of the country MUST fill out the following information in detail for each country, city and/or town you visit. This information needs to be provided to assess the war-risk of each country, city and/or town you travel to. War risk is used to calculate travel insurance premiums. Therefore, providing as much detail as possible is important.

Please provide the name of **each city and country** you visit during your trip as well as the dates you arrive and leave that city. If during the trip the cities and/or dates change from the original details you provide, revise this chart and submit the updated list to Human Resources. **A Vice President of the College must approve all out of country travel.**

<i>City, Country</i>	<i>Date In</i>	<i>Date Out</i>	<i># of Days in that City</i>

ESTIMATED COSTS

	<i>College</i>	<i>Employee</i>
Registration Fee:	_____	_____
Travel:	_____	_____
Meals:	_____	_____
Other (please specify)	_____	_____
<hr/>		
Total Cost:	_____	_____
Time (hours):	_____	_____

If the activity is listed in the **Bow Valley College course calendar:**

- 1) The employee is to complete an *online Registration form*.
- 2) **Director -**
Please indicate if the course is:
 Work related
 Personal Interest (Taxable Benefit)

Employee Signature: _____	Supervisor Signature: _____
Agresso Coding: _____ Account - Cost Centre - Project	Dean/Director Signature: _____
Date: _____	President/VP Signature: _____ (Out of Country ONLY)
	Date: _____

Distribution: Employee Department Finance Human Resources

October 2015

HUMAN RESOURCES RECEIVES A COPY ONCE THE ITINERARY IS FINALIZED
FINANCE RECEIVES A COPY AT THE TIME THE EXPENSE CLAIM IS SUBMITTED