**OFNHP Professional Unit Departmental Request**

**2018 Administrative Fund Expense Form**

Please Review Back for Instructions and Information.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of PRO BU Member who is submitting: | KP E- Mail Address- : | | Tie-line: |
| Position: | Facility: | Department: | |

Funds are available to the first 20 applicants during 2018.. Submissions received by the 15th of the month will recieve a response by the 30th of the month. See Reverse for Instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Conference / Speaker** | **Date of Proposed Event** | **Number of Credits (opt)** | **Requested Amount** |
| 1. |  |  |  |

|  |
| --- |
| Information Regarding Event: |
| Name of Speaker: |
| Learning Objectives: |
| Intended Audience: |
| How many Pro BU Members will be attending: |
|  |

I understand payment for educational funds are subject to the provisions on the policy for the OFNHP Professional Unit Education Fund Program. I have read the instructions on the reverse for clarification before submitting for fund assistance. I certify that these proposed expenses are true and correct to the best of my knowledge. I futher understand that this form is a request for funding only and does not guarantee payment until a letter of acceptance from the Education Administrator is received.

X

Requestors Signature: Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR HR USE ONLY** | | | | |
| D Approved | D Denied | Amount Paid: | | Amount Unpaid: |
| Human Resources Signature: | | Date: | Comments: | |
| **Your expense form is being returned because:**  D Request has been denied because the fund has been exhausted for this calendar year.  D Receipts are inadequate because: D We cannot read your receipts  D Other: | | | | |

**Send Application via E Mail to:**

**Gene.M.O’Neill@kp.org** *and to* **Ute.Kongsbak@kp.org**

# The LMP Pro Ed Fund Committee for the OFNHP Professional Unit has created Departmental Funding for Guest Speakers or Large Forum Seminars from the OFNHP Pro Residual Fund.

Funds are available to the first 20 applicants during 2018. They will be considered on a first come first serve basis. The current limit for submission is $15,000.00.

**REQUESTS FOR FUNDING:** Please attach estimates, brochures and support documentation.

**Instructions for Completing Form: List All** expenses for speaker:

# Airfare

1. Hotel Accommodations
2. Mileage reimbursement when using own vehicle
3. Auto rental fees & gas for rental vehicle (small and midsize vehicles only)
4. Meals while attending conferences or seminars
5. Parking fees
6. Taxi fares

**List All** expenses for facility:

# Facility rental cost

1. Catering Costs
2. Equipment Rental Cost (Infocus Machine, Podium, etc.)

This form is a request for funding only and does not guarantee payment until notice of acceptance from the LMP Pro Ed Fund Committee is received.

Ed Fund **does not** cover the cost of purchasing equipment (Projectors, Computers, Books, Stethoscopes, Tool Kits ,etc.)