

NACADA **State** Project Proposal 2011-2012

SOME Regions have budgeted specifically for professional development/diversity initiative funds to finance activities or projects as requested by states/provinces in the Region.

Region _____ Date _____

STATE: _____

1. Complete this form and send it via e-mail to your **Region Chair** for his/her approval.
2. Region Chair will review and send it to the Executive Office for approval.
3. Arrangements for payment will be made. The Executive Office will reimburse for approved expenses incurred in carrying out your project upon submission of an invoice or paid receipt (generally after the event).

Contact Person:

Name: _____

Phone: _____

E-mail: _____

Describe proposed activity, goals and estimated expense:

This investment will benefit _____ # of people. (Estimate)

Please itemize estimated costs:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Region Chair Signature: _____

When the activity is completed -

Mail this completed form with
receipts to:

NACADA Region _____
C/O Diane Matteson
2323 Anderson Ave, Ste 225
Manhattan, KS 66502

NACADA State Project Reimbursement Request for Professional Development 2011-2012

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total: _____ \$ _____

Total to be reimbursed to:

Receipts attached

Questions?

785-532-7816 (Diane's direct)

matteson@ksu.edu