APPLICATION FOR PROFESSIONAL TRAVEL

Approved through Faculty Travel Committee
Please submit this original & documentation to the Provost’s Office

Name: __________________________________________ Date: __________________________
Department: ___________________________________
Sponsoring Organization: __________________________ Date(s) of Mtg./Conf.: ______________
Location of Mtg/Conf.: ____________________________
Paper/Poster Title: ________________________________
Scope of Meeting/Conference (please check):  ( ) International   ( ) National   ( ) Regional   ( ) State   ( ) Area

Please indicate briefly the nature of the meeting/conference:

Purpose for attending the Mtg./Conf. (please check & attach appropriate documentation)
1. ( ) Presenting a paper or poster 100%  
2. ( ) Other presentations (Specify) 75%
3. ( ) Chairing a session 75%  
4. ( ) Discussant 75%
5. ( ) Serving as an officer 75%
6. ( ) General professional development 50%
(no formal involvement in meeting)

NOTE: Appropriate Documentation such as Paper Acceptance, Proof of involvement in Meeting, or serving as discussant is needed to process your application.

Anticipated Expenses

Lodging: No. of nights x rate = ____________ Cost: $__________
Meals: *see below x _____ days = ____________ Cost: $__________
*Per Diem Rates are determined by going to www.gsa.gov
Personal car (mileage x .54) _________________ Cost: $__________
Air fare
Cost: $__________
Other (specify) _____________________________ Cost: $__________
Conference Registration Fees: (Normally, Late Fees will not be paid) Cost: $__________
Misc. Expenses: Limited to $10.00/day (Itemize on your expense report) Cost: $__________

NOTE: Maximum $2,000 for fiscal year 2016-17. Total: $__________

NOTE: Attach documentation showing Conference Registration Fees.
Costs of association dues, conference proceedings and Workshop fees are not reimbursable.

Checklist for Approval
☐ Documentation of paper acceptance etc. attached.
☐ Documentation of conference fee attached.

Signature of Applicant: ____________________________
Endorsement: ____________________________
(Department Chairperson, or Dean if applicant is Dept. Chair)
If you do not endorse please indicate why.

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ACTION OF TRAVEL COMMITTEE

Amount Approved: ____________________________ Budget no. to be used: ____________________________
Date: ____________________________ Provost/VPAA Approval: ____________________________