TO: All Full-Time Faculty
FROM: Jeff Gingerich, Ph.D.
        Provost/Senior Vice President for Academic Affairs
DATE: October 7, 2020
SUBJECT: Guidelines: Faculty Travel Applications

1. Student, faculty and staff travel will be governed by both university and government restrictions on travel. All University-sanctioned study-abroad trips for students must first receive approval of the Travel Risk Advisory Committee. Please be aware however that University-sanctioned travel will not be allowed to areas that have been identified as Level 3 or 4 by the U.S. State Department, or where the host country does not allow U.S. travelers to enter. At this time, most countries fall into one of those travel risk categories.

2. In some situations, faculty, staff or students may face quarantine times upon arrival and may face impediments, including quarantine, upon return to the United States. These governmental restrictions could impact your ability to access campus, teach, or attend classes and should be taken into consideration before traveling personally.

3. Subject to available funds, 100% funding (within university travel guidelines) is ordinarily provided for presenting a paper, poster or workshop at a professional meeting or conference in person or virtually. Note: Normally, full funding will be limited to two co-authors. Requests for exceptions must be accompanied by documentation and justification.

4. The following activities will ordinarily, subject to available funds, be funded at 75%: chairing a session, serving as a discussant, or serving as current officer.

5. The University also encourages faculty travel to professional meetings, even though one is not presenting a paper or poster (as defined by the above categories). Travel for such purposes is usually funded at 50%.

6. Part-time faculty are not eligible.

7. The limit for travel under this program will be $2,000.00 per faculty person for the 2020/21 fiscal year (June 1 through May 31). Unused money from one fiscal year
cannot be used in a subsequent fiscal year.

8. Faculty must fill out travel applications completely, remembering to include the following:
   a. Detailed and justified budget, including a total amount requested;
   b. Chairperson’s signature;
   c. Back-up material (if available at time of application; if not, send application on time without material and forward them later);
   d. Confirmation that one’s paper or poster has been accepted is necessary for approval. Failure to submit documentation of paper acceptance and conference fee will result in the return of the incomplete application to the applicant.
   e. Highlight on the program the relevant information regarding your participation.

9. Faculty are encouraged to look for the lowest rates for airfare, lodging and registration.

10. Please submit completed applications and registration to the Provost’s Office no later than the Second Thursday of each month. If received after the due date, your application will not be considered until the following month’s review.

11. Faculty members who decide NOT to attend the conference or seminar after funds have been approved should notify the Provost in writing.

12. Applications submitted after the travel has taken place will be given the lowest priority and may receive no funding at all.

13. Applicants are reminded that the Faculty Travel provisions of the University Travel Policy apply to faculty travel. All expenses are paid by the Travel Applicant and submitted for reimbursement, subject to the approval of the Travel Committee. For questions, please refer to the University Travel Policy on your My.Scranton page under financial links.
APPLICATION FOR PROFESSIONAL TRAVEL
Approved through Faculty Travel Committee
Please submit this original & documentation to the Provost’s Office

Name: ___________________________________________ Date: __________________________

Department: ______________________________ Office Phone Number ________________

Sponsoring Organization: ____________________________________________________________

Location of Mtg/Conf: _____________________________ Date(s) 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 .58) _________________ 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 2020-21. 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: ____________________________