

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 2021-22. 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.

ACTION OF TRAVEL COMMITTEE

Amount Approved: _____ Budget no. to be used: _____

Date: _____ Provost/VPAA Approval: _____