

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 .67) \_\_\_\_\_ 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 2024-25. 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 \_\_\_\_\_