

Revised August 2025

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. <input type="checkbox"/> Presenting a paper or poster 100% | 2. <input type="checkbox"/> Other presentations (Specify) 75% |
| 3. <input type="checkbox"/> Chairing a session 75% | 4. <input type="checkbox"/> Discussant 75% |
| 5. <input type="checkbox"/> Serving as an officer 75% | 6. <input type="checkbox"/> 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 .70) _____ 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 2025-26. **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 _____