

FACULTY & STAFF TRAVEL AUTHORIZATION REQUEST FORM

Date of Request: _____

Name: _____ Department: _____ Title: _____

Request for travel reimbursement in connection with the following activity: (check all that apply and provide details):

- | | |
|---|---|
| <input type="checkbox"/> Present Paper | <input type="checkbox"/> Attend Conference/Professional Development |
| <input type="checkbox"/> Serve on Panel | <input type="checkbox"/> Other _____ |

Requests for travel reviewed with the following priority guidelines:

1. Performance in the area of the faculty or staff professed competency. This would include any demonstration of ability in a professional setting.
2. Attendance of regional or national professional conferences. This would include any conference that deals with the faculty or staff professed competency area. Consideration may be given for attempted participation in a conference.
3. Active involvement in the governance of a professional organization. This would include service as an officer in any regional or national professional organization.
4. Attendance of regional or national conferences that deal with the faculty or staff member's non-primary competency area.

Title and description of event/conference/professional development: (ATTACH ADDITIONAL SHEETS IF NEEDED)

Location: _____ Dates: _____

<p><u>Estimated Costs:</u></p> <p>Registration fee: _____</p> <p>Personal automobile: _____</p> <p>* Air (economy rate): _____</p> <p>Rental Car: _____</p> <p>Hotel Room: _____</p> <p>** Meals: _____</p> <p>Miscellaneous (parking, shuttle, etc.): _____</p> <p style="text-align: right;">Total Requested: _____</p>	<p><small>Faculty Use Only Add to CV Card</small></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><u>Requested Funding:</u></p> <p>Department: _____</p> <p>Personal: _____</p> <p>Other (RHE, Grant, etc.) _____</p> <p>Total: _____ <small>source</small></p> <p style="font-size: small;">*** I AGREE TO SUBMIT A TRAVEL EXPENSE REPORTS WITHIN 15 DAYS OF CHARGES POSTING TO CONCUR OR WITHIN 15 DAYS UPON RETURN FROM TRIP FOR CHARGES POSTING DURING TRIP. UPON RETURN, I WILL PROVIDE SUPERVISOR WITH ONE-PAGE SUMMARY OF ACTIVITIES.</p>
<p>_____ Signature of Traveler</p>		<p>_____ Date</p>

* Note: AIRFAIRE MUST BE PURCHASED BY UNIVERSITY PURCHASING CARD. PREFERABLY ON THE CARD IN THE TRAVELERS NAME.

** MEALS ARE NOT ALLOWABLE ON PURCHASING CARD, PER DIEM REIMBURSED AFTER RETURN FROM TRIP.

Per diem rates, mileage allowances, general travel information and Policy go to [Travel](#)

DEPARTMENT CHAIR/SUPERVISOR USE:	
<i>Reviewed and approved for reimbursement within University Guidelines.</i>	
TOTAL FUNDS AWARDED: _____	
SOURCE: _____	
Department Chair/Supervisor	Date
<p>Faculty Requests: If exceed faculty funding allocation, route for additional review.</p> <p>All Staff Requests: Route for additional review to Manager, Accounting & Human Resources</p>	

Manager, Accounting & Human Resources _____ Date _____

Dean _____ Date _____