

INDIVIDUAL TRAVEL REIMBURSEMENT PROPOSAL FORM

Faculty Name:

Date:

Department:

PLEASE INDICATE YOUR PROJECTED CONFERENCE TRAVEL PLAN AND
RETURN THE FORM TO YOUR DEPARTMENT SECRETARY
BY THE DEADLINE - **FRIDAY, JANUARY 29, 2016 at NOON**

TRAVEL IS FOR SEMESTER: Spring 20_____

OPTION SELECTED:

ONE TRIP DURING CALENDAR _____ or ONE TRIP PER TERM _____

DESTINATION:

CONFERENCE TITLE:

CONFERENCE DATES:

ORGANIZATION IS: _____ International _____ National _____ Regional _____ State

PURPOSE OF TRAVEL: (Please elaborate regarding the expected outcome of this travel.)

- _____ Instructional Development/Pedagogy
- _____ Technical Training
- _____ Curriculum Development
- _____ Research Presentation
- _____ Officer/Conference Chair

IMPACT/BENEFIT/HOW IT WILL BE ASSESSED: Please explain the impact or benefit related to this travel and explain how it will be assessed.

COST ESTIMATES – INDIVIDUAL TRAVEL

Airfare	\$	_____
Subsistence		_____
Mileage		_____
Parking, Tolls, Taxi		_____
Lodging		_____
Registration Fees		_____
Other		_____
Projected Total	\$	_____

Please indicate how class/classes will be covered during your absence: