

## FACULTY TRAVEL REQUEST

(\*must be approved prior to travel - please be sure to fill out all relevant sections)

Full Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Is this travel international? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

*\*If Yes, you must consult with the International Office regarding resources related to travel insurance, risk management, and to be added to their travel registry.*

Are you on the program as a presenter and/or an officer of the sponsoring group?

\_\_\_\_\_ Yes\*\* \_\_\_\_\_ No

*\*\*If you are on the program or participating, before supplemental funds can be allocated, you must provide a brief description of the conference and your role in it when submitting this form. You can include a copy of the information on the session that you are participating in or an invitation/acceptance letter (email-proof is fine).*

Provisions for any classes that will be missed: \_\_\_\_\_

Estimated total cost of the trip: \$ \_\_\_\_\_

*(For details relating to travel reimbursement policies, rates, or procedures, please review the reimbursement process section in the [Faculty Development Handbook](#), as well as the [Business Office's](#) reimbursement policies. Incomplete or incorrect submissions may be returned without review.)*

\_\_\_\_\_ Check here if you are not requesting University funds (e.g., have already used all faculty travel or if the trip is sponsored by external funding).

\_\_\_\_\_ Check here if you have additional funds that can be used for travel (e.g., Startup funds, Endowed Chair/Professor funds, etc.)

Department Head's Approval Signature: \_\_\_\_\_

*(Note: All travel requests must have the signature of the department head/supervisor.)*

**\*Do not write below this line\***

**[To be filled out by the Dean of Curricular & Faculty Development]**

Approved for up to \$ \_\_\_\_\_  
total for the current academic year

Annual Faculty Professional  
Development funds expended  
(as of \_\_\_\_\_):

Date

Spent: \$ \_\_\_\_\_

Remaining: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name