FACULTY TRAVEL REQUEST

*(*Note: This request must be approved prior to travel - the completion of all sections/questions is required)*

1. Full Name: _____ **2.** Today's Date: _____

3. Purpose of Trip: _____

4. Date(s) of Travel: __ / __ / _____ through __ / __ / _____ **5.** Destination(s): _____

6. Is this travel international? ☐ Yes* ☐ No

**If Yes, you must consult with the International Office regarding resources related to travel insurance, risk management, as well their required travel registry.*

7. Are you presenting, on the program, and/or an officer of the sponsoring group? ☐ Yes* ☐ No

**Before these supplemental funds can be given, you must provide some form of proof that you are on the program or participating 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. Informal communication via email as proof is acceptable.*

8. Estimated total cost of the trip: _____

(For details relating to travel reimbursement policies, rates, or procedures, please review the reimbursement process section in the appendix of the Faculty Development Handbook, as well as the Business Office's reimbursement policies.)

9. Are you requesting University funds to help cover this trip's expenses? ☐ Yes ☐ No

10. Do you have additional funds that can be used for this travel? ☐ Yes* ☐ No

***a.** If "yes," please indicate the type(s) of additional funds (e.g. Endowed Professorship funds, grants, etc.):
_____

11. Do you plan to use a University vehicle for this trip? ☐ Yes ☐ No

12. Will you be renting a car to use for this trip? ☐ Yes ☐ No

13. Provisions for any classes that will be missed: _____

14. Supervisor's Signature of Approval: _____

(Note: All travel requests must have this signature to be processed)

[[******Please do not write below this line*********]]**

| BELOW SECTION IS TO BE FILLED OUT BY THE THORPE CENTER |

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