

APPLICATION FOR PROFESSIONAL TRAVEL

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 .655) _____ 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 2023-24.

Total: \$ _____