Print Form

Faculty Travel Request

Application Date:

Employee Name

Dept/Division: Account #

Conference/Activity Name:

Destination (City/State) & Travel Dates (approx.)

Purpose of Travel:

AC benefit from conference attendance:

Maximum estimated cost (in detail):

Other comments for committee consideration:

Did you travel during the last fiscal year? ◯ Yes ◯ No If so, to what meetings?

Are other department personnel going on the same trip? ◯ Yes ◯ No

Please attach any information you may have related to this trip for committee review.
I have read this request and support the traveler application for professional development travel.

Traveler Signature

Department Chair Signature

Division Chair Signature

Dean Signature

Committee Decision:
Awarded ____ No ____ Yes, for max $ _____
Applicant notified: ____/____/____.

Vice President Signature

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