

**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 POLICY DEADLINE - **FRIDAY, SEPTEMBER 18, 2015 at NOON**

**TRAVEL IS FOR SEMESTER:** Fall 20\_\_\_\_\_ or Spring 20\_\_\_\_\_

**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:**