

GROUP TRAVEL REIMBURSEMENT PROPOSAL FORM
ONE PROPOSAL PER PROPOSED TRIP

Date _____

PLEASE INDICATE YOUR PROJECTED CONFERENCE TRAVEL PLAN AND
RETURN THE FORM TO YOUR DEPARTMENT CHAIR
BY THE POLICY DEADLINE

TRAVEL IS FOR SEMESTER: Fall 20_____ or Spring 20_____

PROPOSED TRAVELERS:

_____	_____
_____	_____
_____	_____
_____	_____

DESTINATION _____

CONFERENCE TITLE _____

CONFERENCE DATES _____

ORGANIZATION IS: _____ International _____ National _____ Regional _____ State

PURPOSE OF TRAVEL:

COST ESTIMATES – GROUP TRAVEL – TOTAL COST

Airfare	\$	_____
Subsistence		_____
Mileage		_____
Parking, Tolls, Taxi		_____
Lodging		_____
Registration Fees		_____
Other		_____
Projected Total	\$	_____