

INDIVIDUAL TRAVEL REIMBURSEMENT PROPOSAL FORM – Fall 2018

Faculty Name:

Date:

Department:

**PLEASE INDICATE YOUR PROJECTED CONFERENCE TRAVEL PLAN AND
RETURN THE REQUEST TO YOUR DEPARTMENT SECRETARY
BY– FRIDAY – September 21, 2018**

TRAVEL IS FOR SEMESTER: Fall 2018

Travel Option Plan – CIRCLE ONE! A (two trips per year) or B (one trip per year)

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 SPECIFICALLY how class/classes will be covered during your absence:
List specific date, day, course/s, times and coverage plan:**