

Professional Development

School of Business and Technology
AUTHORIZATION FOR FACULTY TRAVEL

Faculty Name: _____

Department: _____ Account Number: _____

Destination: _____

Dates of Travel: From: _____ To: _____

Purpose of Travel:

Name of Conference: _____

Title of Paper: _____

Name of Workshop: _____

Estimated Cost of Travel:

Airfare: _____

Car Rental: _____

(You would need to reserve this under your own charge account number. You will be reimbursed.)

Personal Car: _____ miles at ~~34.5¢~~^{50.5} per mile = _____

Lodging: _____

(You will need to make your reservations with your own charge account number. You will be reimbursed.)

Meals: _____

Registration Fee: _____

Miscellaneous: _____

TOTAL: _____

Will you be making your own travel arrangements? Yes _____ No _____

If not, when would you like to depart? Day _____ Time _____

When would you like to arrive home? Day _____ Time _____

Faculty Signature/Date

Chair Approval/Date

Dean Approval/Date

Director Approval/Date