Authorization For Faculty Travel

Submit this completed form to Dean Carpenter's office for approval **4 weeks in advance of travel**

Faculty Name: _____ Department: _____

Today's Date: _____ Dates of Travel: _____

Destination: _____

Name of conference or sponsor: _____

Title of paper or name of workshop: _____

Name of panel where you are presenting: _____

Explain your personal career goal furthered by this trip: _____

_____

_____

_____

Explain how you will share results of the travel with other SOC faculty: _____

_____

Professional Development funds are to be used? yes no

Estimated Cost of Travel

	Qty.	Unit Cost	Extended Cost
Airfare			
Car Rental			
Personal Car		$ 0.445	
Lodging			
Meals			
Registration Fee			
Miscellaneous			
Total Estimated Cost			**$**

Required Signatures

Reimbursement will **not** be processed without the dean's prior approval

Section below to be completed by dean's office

Dean: _____

Department Chair: _____ Account: _____