

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:

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: