

# Thomas W. and Robin W. Edwards College of Humanities and Fine Arts Professional Development Funding Request Form

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Name \_\_\_\_\_ Department \_\_\_\_\_ Rank \_\_\_\_\_

This is my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) priority of # \_\_\_\_\_ total requests this fiscal year (July 1-June30).

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**Travel**  International  Out-of-State  In-State  Local ( $\geq 10$  miles from campus)  Virtual  No travel

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**Describe your request for professional development.** Identify in bulleted form specifically how it relates to your Departmental Performance Elaborations Documents in the categories.

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**Total Expenses Requested** (automatically calculated from next page) \$ \_\_\_\_\_

**Request funds by**  Travel Card (cannot include meals)  Personal reimbursement after travel

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**For All Requests**

**Type of non-travel expenses**

Estimated.....\$ \_\_\_\_\_

**For Travel Requests Only**

**Destination** (city, state, country) \_\_\_\_\_

**Date of Departure** (MM/DD/YYYY) + Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ :\_\_\_\_\_

**Date of Return** (MM/DD/YYYY) + Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ :\_\_\_\_\_

**(A) Estimated Transportation Expenses.....(A) \$** \_\_\_\_\_

Airfare (no additional baggage here) \$ \_\_\_\_\_

Personal Vehicle miles driven

- Total to and from destination \_\_\_\_\_ miles

- Attach map of miles driven \$ \_\_\_\_\_

Enterprise (University) Rental Vehicle \$ \_\_\_\_\_

**(B) Estimated Lodging Expenses.....(B) \$** \_\_\_\_\_

**(C) Per Diem Food Expenses.....(C) \$** \_\_\_\_\_

In-State (total for all days) \$ \_\_\_\_\_

Out-of-State (total for all days) \$ \_\_\_\_\_

International (total for all days) \$ \_\_\_\_\_

*See College's Business Manager for rates*

**(D) Estimated Other Expenses.....(D) \$** \_\_\_\_\_

Registration (e.g., conference) \$ \_\_\_\_\_

Baggage (any not included with airfare) \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Non-Enterprise Rental Car \$ \_\_\_\_\_

Fuel for Rental Car \$ \_\_\_\_\_

Taxi/Rideshare \$ \_\_\_\_\_

**(\*) International Travel Insurance (\$3 per day).....(\*) \$** \_\_\_\_\_

Number of days \_\_\_\_\_ days

Required for international travel

**Date Event Begins** (MM/DD/YYYY) + Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ :\_\_\_\_\_

**Date Event Ends** (MM/DD/YYYY) + Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ :\_\_\_\_\_

Notes: (1) Attach to this form available documents confirming estimated costs. (2) Organization memberships must be paid for from personal funds and cannot be reimbursed. (3) For most requests, per diem is reimbursed rather than specific meal costs. (4) Tips for any services are generally not reimbursable.

## **Department Chair Review**

*Optional comments if needed:*

**Approval type**  Immediate  Provisional (pending acceptance)  Not Approved

**Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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## **Dean Review**

*Optional comments if needed:*

**Amount allocated** \$ \_\_\_\_\_ . \_\_\_\_\_ **Budget Code(s)** \_\_\_\_\_ , \_\_\_\_\_

Not approved

**Dean Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_