

FACULTY PROFESSIONAL TRAVEL REQUEST

Monmouth University, West Long Branch, NJ 07764

THIS REQUEST MUST BE SUBMITTED 30 DAYS PRIOR TO START OF TRAVEL

TO: Provost Travel Coordinator/Faculty Travel Coordinator

FROM: _____ @monmouth.edu
NAME TEL. EXTENSION EMAIL

DEPARTMENT SIGNATURE DATE

1. ATTENDING: _____

LOCATION: _____

DATES: _____ to _____

2. REASON FOR ATTENDING: Professional Enrichment Participate or Conduct a Workshop (attach invitation)

To Present a Paper (abstract and acceptance must be attached) Panelist, Officer, Chair a Session (attach invitation)

If a **co-authored** paper, name of the presenter: _____

3. Estimated Expenses: (If transportation is included, indicate type with the most economical preferred. If auto, state mileage.

_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____

TOTAL \$ _____

4. Previous Faculty Professional Travel grants in this fiscal year: \$: _____

Were your travel requests denied in the last two years? Yes No

5. I will require substitutes for the following classes: _____

Approval is is not recommended. Include or attach comments on arrangements for class substitutes (if necessary):

_____ (Dept. Chair) DATE: _____

Approval is is not recommended . 2. Amount approved: \$ _____ 3. Balance: \$ _____

_____ Signature, Provost Travel Coordinator DATE: _____

Remarks: _____

_____ Signature of Faculty Travel Coordinator (if necessary) DATE: _____

TO: _____ Your request to attend the above meeting has been

APPROVED DISAPPROVED for the following amount \$ _____.

In order to be reimbursed, you must submit a completed Monmouth University Employee Travel Expense Voucher with all receipts taped to paper and either scanned or mailed to the Provost Travel Coordinator within the time period (30 days after the travel) specified in the Monmouth University Travel, Entertainment and Food Policy.

_____ PROVOST DATE: _____