

PROFESSIONAL DEVELOPMENT LEAVE/FUNDS REQUEST
UNIVERSITY OF MEMPHIS, UNIVERSITY LIBRARIES, FY 2017-2018
Faculty Travel Policy Link

Section A: REQUEST FOR LEAVE

Name: _____ Department: _____ U#: _____ Application Date: _____ Ext.: _____
Status: Faculty ____ Staff ____ Professional Leave Requested: ____ Hours ____ Days Departure Date: _____ Return Date: _____
Event Description: _____ Place of event: _____
How does this event relate to your job responsibilities? _____
Organization Member: Yes ____ No ____ Committee member/officer/participant on program: Yes ____ No ____ Explain _____

- ☐ No funds requested. (Submit form directly to the Dean; committee review is not required.)
☐ External Funding (grants, etc. Submit form directly to the Dean; committee review is not required.)

Section B: REQUEST FOR FUNDS

Advanced payment requested _____ Registration deadline: _____

Fees (registration, etc. The library will not cover late fees if deadlines are missed.) Please specify: _____ \$ _____

Transportation

Airline or train fare, round-trip, tourist (must submit original passenger receipt): \$ _____
Parking Fees (Airport/hotel), Limo/Taxi, Subway, Metrorail, Tolls & Ferries, Shuttle (receipt preferred but not required): \$ _____
Rental Car (round trip; must submit original receipt): \$ _____
Library Van (no mileage reimbursement): \$ N/A
Personal Automobile: round trip mileage ____ x (\$0.47 per mile) \$ _____
Single: ____ Shared: Driver ____ Passenger ____ (with whom: _____)

Total Transportation: \$ _____

Lodging (If nonconference refer to CONUS [www.gsa.gov/portal/category/21287])

Day 1: \$ _____ + tax \$ _____ = \$ _____
Day 2: \$ _____ + tax \$ _____ = \$ _____
Day 3: \$ _____ + tax \$ _____ = \$ _____
Day 4: \$ _____ + tax \$ _____ = \$ _____
Day 5: \$ _____ + tax \$ _____ = \$ _____

Advanced payment requested _____

Total Lodging (including tax): \$ _____

Meals (see attached guidelines for meal rates)

Departure Day (75% of CONUS rate): \$ _____ Day 4: \$ _____
Day 2: \$ _____ Day 5: \$ _____
Day 3: \$ _____ Return Day (75% of CONUS rate): \$ _____

Total Meals: \$ _____

Expenses (Fees + Transportation + Lodging + Meals): \$ _____

Less Honorarium Amount: \$ _____

Total Expenses: \$ _____

Total Amount Requested: \$ _____

Section C: SIGNATURES FOR APPROVAL

Requestor's Signature: _____ Department Head's Signature: _____
Department Head's Comments: _____
Chair's Signature: _____ Date: _____ **Amount Funded: \$ _____**
Committee's Comments: _____
Dean's Signature: _____ Date: _____ Dean's Action: Approved ____ Denied ____
Dean's Comments: _____

*A form must be completed for all travel for insurance purposes.