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#: 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 <u>will not</u> 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 ($0.47 per mile) $ 0

Single: ☐ Shared: Driver ☐ Passenger ☐ (with whom: _____)

Total Transportation: $ 0

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

Day 1: $_____ + tax $_____ = $0

Day 2: $_____ + tax $_____ = $0

Day 3: $_____ + tax $_____ = $0

Day 4: $_____ + tax $_____ = $0

Day 5: $_____ + tax $_____ = $0

Advanced payment requested ☐

Total Lodging (including tax): $ 0

Meals (see attached guidelines for meal rates)

Departure Day (75% of CONUS rate): $_____

Day 2: $_____

Day 3: $_____

Day 4: $_____

Day 5: $_____

Return Day (75% of CONUS rate): $____

Total Meals: $0

Expenses (Fees + Transportation + Lodging + Meals): $0

Less Honorarium Amount: $_____

Total Expenses: $0

Total Amount Requested: $0

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.