

FACULTY/STAFF PROFESSIONAL DEVELOPMENT FUNDS REQUEST

UNIVERSITY OF MEMPHIS, UNIVERSITY LIBRARIES, FY 2013-2014 RATES

See the U of M Policy UM1309/Rev4 – University Travel (<http://policies.memphis.edu/UM1309.htm>), or call Accounting at 2271 with any travel related questions.) **Request must be submitted for committee review at least 2 weeks prior to the registration deadline or 2 weeks prior to the event, whichever is earliest.**

Requestor's Name _____ DEPT _____ Application date _____ Ext. _____

(Please print or type)

Event Description – Give a brief description and attach fliers/brochure: _____

How does this event relate to your job responsibilities? _____

Status: Faculty _____ Staff _____ Organization member: Yes _____ No _____

Committee member/officer/participant on program: Yes _____ No _____ Give explanation: _____

Date of Event _____ Departure date _____ Return date _____

Place of Event (include city/state): _____ Professional leave requested: _____ Hours _____ Days

Funding level: I _____ II _____ III _____ [Level I: org. officer, comm. mbr., prog. participant (In /Out State: fee=full; travel=full; lodge=full; meals=50%, if funds available); Level II: org. mbr. (considered individually per guidelines); Level III: org. non-mbr. (considered individually per guidelines)]

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

Transportation:

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

Lodging:

In-State: CONUS rates do not apply.

Level I (\$107 + tax) - Davidson Co. (Nashville);

Level II (\$97 + tax) - Anderson County, Gatlinburg, Hamilton Co. (Chattanooga), Knox Co. (Knoxville), Shelby Co. (Memphis), Pigeon Forge, Sullivan Co. (Bristol and Kingsport), Williamson Co. (Franklin), Montgomery County, Putnam County, Rutherford County, & Washington County (Fall Creek Falls, Henry Horton, Mont. Bell, Natchez Trace, Paris Landing & Pickwick State Parks)

Level III (\$77 + tax) – All other counties and cities not listed above

Conference hotel (actual cost + tax) - Requires convention brochure or conf. hotel reservation form listing rate with claim

Out-of-State: Use CONUS rates found on web at: www.gsa.gov/portal/category/21287 (Select per diem rates.)

Locations listed in CONUS (Attach copy of web page. Note: taxes are given separately). = CONUS + tax

All locations not listed in CONUS: Standard CONUS rate. = \$60.00 + tax

Conference hotel (requires convention brochure or conf. hotel reservation form listing rate with claim). = actual cost + tax

International: Standard international lodging (all locations). = actual cost

Lodging: (_____ days x \$_____) + \$_____ tax. \$ _____

Meals & Incidentals: ALLOWED ONLY WHEN OVERNIGHT TRAVEL IS INVOLVED

In-State: No CONUS rates (Level I=same as above; Level II=same as above, except Anderson Co. & Gatlinburg; Level III=same as above)

Full day, Level I=\$66.00; Level II=\$46.00; Level III=\$46; Departure/return days, Level I=\$49.50; Level II=\$34.50; Level III=\$34.50

Out-of-State: Use CONUS rates on web at www.gsa.gov (Select per diem rates)

Locations listed in CONUS (Attach copy of web page. Note: taxes are given separately):

Full day = CONUS rates; Departure/return days = CONUS Rates (75% of daily rate)

Locations NOT listed in CONUS: Full day =\$46.00; Departure/return days =\$34.50

International: All locations, Departure/return days=75% of actual expense or \$53.25; Full day=Actual expense or \$71 per day

Meals: (\$_____ x 2 [departure & return]) + (_____ full day(s) x \$_____). \$ _____

Total Expenses: \$ _____

Less honorarium amount: \$ _____

Signature of Requestor _____ Date: _____ Total of Request (rounded to nearest dollar): \$ _____

Department Head's Statement (please consider scheduling/staffing adjustments as well as relevancy of event): _____

Dept. Head's Signature: _____ Date _____

Committee's comments: _____

Chair's signature: _____ Date: _____ Amount Funded \$ _____

Dean's Action: _____ Approved _____ Denied _____ Dean's Comments: _____

Dean's Signature: _____ Date: _____