

COLLEGE OF NURSING  
**Request for Travel from FACULTY SERVICE**  
**Professional Development Funds 2022-2023**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Rank: Tenure Track \_\_\_ Associate \_\_\_ Clinical \_\_\_ Instructional Track \_\_\_  
 % FTE Appointment: \_\_\_\_\_

NAME OF MEETING: \_\_\_\_\_

**CONF. REGISTRATION LINK WEBSITE:** \_\_\_\_\_

SPONSORING ORG/FUNDING DEPT: \_\_\_\_\_

LOCATION (Virtual or In-Person): \_\_\_\_\_

DATES OF BUSINESS TRAVEL: \_\_\_\_\_ *LIST PERSONAL DATES:* \_\_\_\_\_

**\*YOUR PARTICIPATION** (Note your priority number in statement area below)

**Priority 1:**

- Presenting papers, posters or other scholarly work; receiving an award at national conference where no funding is provided (priority will be given to paper presentations and to first author of paper or poster presentations)

**Priority 2:**

- Representing the College of Nursing at State or National Conferences at the request of the Dean or Associate Deans or organizational leadership/service if not funded by the organization (e.g. Board of Directors, Editorial Board, Committee Chair, Moderator/Discussant)

**Priority 3:**

- Professional development courses related to training for research, scholarship, or professional advancement

**STATEMENT** describing how the request will contribute to the strategic mission and goals of the college and how it will facilitate the conduct and dissemination of your scholarship/research endeavors and/or professional development:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ESTIMATE OF EXPENSES:** (Do not include meals or mileage from home to airport)

Activity	Expense	Other Funding Source
Travel (air, car, etc.)	\$	
Lodging	\$	
Registration	\$	
Parking	\$	
Shuttle Service/Taxi	\$	
	\$	
<b>Total Estimated Expenses</b>	\$	

**\*\*\* IF YOU HAVE OTHER SOURCES OF FUNDING, WE ASK YOU TO USE THOSE FIRST. \*\*\***  
 \*\*\*\*\*

For Office of Faculty Services Use Only

Priority 1 = \$ \_\_\_\_\_ Priority 2 = \$ \_\_\_\_\_ Priority 3 = \$ \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean for Faculty

MFK #:

\*Evidence of presentation must accompany travel voucher for reimbursement.

Revised 8/25/2022