

USM CONHP
Travel Request Form
(Submit to Pam Hartford with Original Signatures)

Applicant's Name: _____ Phone: _____

Application for Reimbursement:

- A) _____ Faculty Development/Conference Attendee
- B) _____ Conference Presenter – Title of Presentation: _____
- C) _____ College/Program Representative

Conference Information:

Title: _____

Conference Date(s): _____ Location: _____

Expenses to be Reimbursed			
	Before Trip Estimates	Actual Trip Charges	Notes
Registration/Tuition			
Transportation Cost			
Lodging (incl. taxes)			
Meals/Taxi/Misc. TEV			
TOTALS:			

Applicant's Signature: _____ Date: _____

_____ APPROVED _____ NOT APPROVED

AMOUNT APPROVED \$ _____

Reason for not approving or limitations to request.

CHARTFIELDS

- _____ 6300006-fund 00
- _____ 6300006-01-fund 00
- _____ 6300006-02-fund 00 Mtgs\$
- _____ 6300012-01-fund 20, 60132
- _____ Other _____

____ Use Chair/Director Department Allocation to cover _____ of expenses for this trip.

Approval of Director/Chair or Supervisor Date

Dean's Signature Date

NOTES: Please attach emergency contact information for conference and hotel, or cell phone # if possible.
Please take recruitment materials with you if appropriate.