

FACULTY/STAFF DEVELOPMENT AUTHORIZATION FORM

(to be approved at least two weeks prior to the event)

Name _____ **Department** _____
Event _____ **Date(s) of Event** _____
Place of Event _____ **Phone #** _____
Emergency Contact Name & Number _____

CLASSES MISSED

Dept	Course #	Course Title	Teacher Covering Classes	Day(s)	Time	Location

- 1 _____ I will serve as an officer of an association at a national professional conference.
- 2 _____ I will give a new paper (or a performance/exhibit) at a national professional conference/event and will try to get the paper published.*
The title of my paper is _____
- 3 _____ I will chair a session of a national professional conference.
- 4 _____ I will serve on a committee at a national professional conference.
- 5 _____ I am seeking help with the costs of publication(s).
- 6 _____ Accreditation
- 7 _____ Other (please explain) _____

Domestic Travel (5940-5943) International Travel (5950-5953)

Projected Expenses:

(complete with estimated expenses for Travel Authorization)

Travel

AirFare _____
 Mileage (____ miles @ \$.45/mile) _____
 Hotel (____ nights @ \$____/night) _____
 Transportation (i.e. taxis/shuttles/etc.) _____
 Per Diem (____ days @ \$35/day) _____

Registration (5940-5941/5950-5951) _____

Other Expenses _____

Total Requested \$ _____

Actual Expenses:

(complete and submit with Univ. Corporate/P-Card statement following event)

Travel

AirFare _____
 Mileage (____ miles @ \$.45/mile) _____
 Hotel (____ nights @ \$____/night) _____
 Ground Travel _____
 Per Diem (____ days @ \$35/day) _____

Registration (5940-5941/5950-5951) _____

Other Expenses _____

Total Actual Expenses \$ _____

I understand that all expenses must be approved **IN ADVANCE**. I further understand that all transactions for expenditures (with the exception of mileage) must be completed using a Methodist University corporate or p-card (no personal reimbursements permitted) and that I must submit a Faculty Development Form within one week of my return. I further understand that I must submit a completed copy of this form with my p-card statement or corporate card receipts. Failure to comply with these requirements will result in my having to reimburse the University for all expenses.

Signature: _____ Date: _____

Approvals

(1) Department Chair _____	Amount Approved \$ _____
(2) Dean of School _____	Amount Approved \$ _____
(3) Executive Vice President _____	Amount Approved \$ _____

Approved Amts To be Allocated as follows:

Fund	Function	Dept	Object	Subobject
-	-	-	-	-
Fund	Function	Dept	Object	Subobject
-	-	-	-	-
Fund	Function	Dept	Object	Subobject