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	Substitute Instructor	Day(s)	Time	Location

_____ I will have my classes covered.

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 seekign 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)

Actual Expenses:
(complete with **actual expenses incurred** & submit with University Corporate/P-Card statement following travel event)

Travel
  AirFare _____
  Mileage (____miles @ $.45/mile) _____
  Hotel (___nights @ $_____/night) _____
  Tranportation (i.e. taxis/shuttles/etc.) _____
  Per Diem (____days @ $35/day) _____
Registration (5940-5941/5950-5951) _____
Other Expenses _____

Total Requested $ _____

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

Revised 8/1/13