

# Professional Development/Travel Request

Travel Req# (if applicable)

## General Information

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

Name of Conference/Prof Development: \_\_\_\_\_

Destination (if applicable): \_\_\_\_\_

Depart Date (if applicable): \_\_\_\_\_

Return Date (if applicable): \_\_\_\_\_

Conference/Prof Development Date/s: \_\_\_\_\_

Chartfield (Travel): \_\_\_\_\_

Chartfield (Professional Development): \_\_\_\_\_

## Transportation

Airfare (quote \$) *1		Notes:	
	<b>Miles</b>	<b>Rate</b>	<b>Total</b>
Personal Auto (approx mileage)			
Parking *1		Notes:	
Taxi-Shuttle-Taxi/Bus/Trax *1 <span style="color: red; font-size: small;">Home/Airport/Home</span>		If you are claiming "Mileage" and "Parking" to airport you will not be able to claim "Taxi, Shuttle, Bus or Trax - Home/Airport/Home"	
Taxi-Shuttle-Taxi/Bus/Trax *1 <span style="color: red; font-size: small;">Airport/Hotel/Airport</span>		Notes:	

If the hotel offers free or discounted shuttle/s, you will be required to use this mode of transportation

## Lodging

	Days	Rate	Total
Hotel (projected cost) *1			

## Conference

Registration Fee *1			
	<b>Days</b>	<b>Rate</b>	<b>Total</b>
Per Diem <span style="font-size: small;">(Link below or see Cindy for rates)</span>			
<span style="font-size: x-small;">Per Diem Rates: <a href="https://www.gsa.gov/travel/plan-book/per-diem-rates?gsaredirect=portalcontent104877">https://www.gsa.gov/travel/plan-book/per-diem-rates?gsaredirect=portalcontent104877</a></span>			
Meal Reduction <span style="font-size: small;">(meals provided by conf or hotel - if known)</span>		Notes:	

Total Approximate Expense

**\*1 - Receipt, with total/final costs, will be required at time of Travel Reimbursement**

**Reason/purpose for Travel or Professional Development:**

Will you be presenting?

If yes, name of presentation:

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**Signatures will be collected using DocuSign**

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***Traveler Signature/Date:***

*By submitting this travel request, I certify that I have included all potential costs to the best of my knowledge and that any additional charges must be approved by my manager.*

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**Supervisor's Signature/Date:**

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**If funding is not from the Travelers unit chartfield, authorized signature for alternative fund required:**