College of Health & Human Services

CHHS Professional Development/Program Travel Request Form

This form should be utilized to initiate requests to travel for professional development and non-routine mission related travel.
Do NOT use this form for travel associated with clinical/Internship Supervision or routine in-state travel.

Employee Name: **Date of Request:** **Event Name:**

Type of Request: Choose One **Dates of Travel:** to

Travel Destination: Start Date Time End Date Time

Will there be any personal days used while on this trip? ◉ Yes ○ No If yes, how many days?

For Professional Development: (1) Type of Venue: Choose One **(2) Level:** Choose One

(3) Are you presenting? ◉ **Yes** ○ **No ; if Yes, the presentation was:** Choose One

Will you request reimbursement for your travel expenses (in part or in whole)? ◉ Yes ○ No

(If no reimbursement is being requested, the cost section of this form does not need to be completed.)

Registration: ☐ UNCW Prepaid* ☐ Paid by Traveler in Advance $

*Please provide a completed registration form or invoice

Lodging Request:	Nights	@	$	per night	=	$ 0.00
Meal Requests:	Breakfasts	@	$ 8.30	per Breakfast	=	$ 0.00
	Lunches	@	$ 10.90	per Lunch	=	$ 0.00
	Dinners	@	$ 18.70	per Dinner	=	$ 0.00
				Subtotal Meal Request	=	$ 0.00

Airfare: ☐ Purchased ☐ UNCW Travel Agency * Agency Name Maupin $

*Please provide flight itinerary to CHHSBusinessServices@uncw.edu

**If leaving from a city other than Wilmington, please specify city name:

Vehicle:

Personal Vehicle	miles $ 0.34	**($0.54 if under 75 miles round-trip)**	=	$ 0.00
Rental Car -- Check box if you need a rental car. Please provide your contact number for Enterprise:		☐	=	$
Taxi, Tolls, Parking, Fuel			=	$
		Subtotal Vehicle Request	=	$ 0.00
		Total Travel Cost	**=**	$ 0.00
		Maximum Reimbursement Amount	**=**	$

For all travel activities, explain how the mission of the School or College is supported by the travel activity:

If you having funding sources other than the School/College or will only request part of your travel expenses to be reimbursed, please explain (if fund is known, please include).

Plan for coverage of classes and other assigned responsibilities.

Program Coordinator (SON ONLY):

Chair, Faculty Development (SON ONLY):

Director/Dean Approval: **Date:**

College of Health & Human Services

CHHS Professional Development/Other Travel Request Form—Information Sheet

The following information is provided as assistance in completing the travel authorization form. ***If you have any questions about completing the travel process, please contact Lesley McCoy at 910-962-7579.***

- Your School or Office may require additional leave request forms or documentation to accompany this form. Please refer to your School or Office policy for more information.

- If you will have any personal travel arrangements at the beginning or end of your professional travel request, please contact (Lesley McCoy, mccoyl@uncw.edu) prior to completing this process.

- Lodging Rates:
  - In State: $67.30 per night
  - Out of State: $79.50 per night

- Meal Rates for Dinners:
  - In State: $18.70 per night
  - Out of State: $21.30 per night

- Airfare
  - To estimate airfare costs for pre-approval by Director/Dean, use a website like Expedia, Travelocity, etc. to obtain a price estimate.
  - If you choose to personally purchase airfare from a source other than the approved UNCW Travel Agency, you must personally obtain these arrangements and you will be reimbursed at the conclusion of your travel activity. You should only make this purchase AFTER you received the signed approval form.
  - If you choose to use the UNCW Travel Agency, you should complete the travel form by entering a cost estimate (see above), route for approval, and once the approval has been issued, you should contact the Travel Agency to (1) confirm the airfare, (2) have the agency email Lesley McCoy mccoyl@uncw.edu with the confirmation, and (3) submit your travel form and packet to Lesley. An airfare quote is normally good for 24 hours only. NOTE: Your travel packet MUST be received by BSCT prior to the airfare confirmation being received from the BSCT.

- Vehicle
  - If you drive your personal vehicle, you will be reimbursed at a mileage rate of $ 0.54 per mile as part of your final travel reimbursement. For trips that exceed 75 miles round trip, you will be reimbursed at a mileage rate of $0.34 per mile. To estimate mileage please use the Map Quest system. You will be required to submit that with your final mileage reimbursement.
  - If you do not wish to drive your personal vehicle for University travel, you can request an Enterprise car rental. You will be responsible for maintaining gas receipts for the rental vehicle. See Lesley McCoy for procedure. Mileage Calculator and Enterprise car choices are located on the UNCW travel website below.

http://uncw.edu/travel/

- Approvals
  - If your School or Office policy requires additional approval prior to the Director/Dean signature, please email the request form to your School's designated pre-approver and request that person forward the form to the School Director with an email message designating either approval or rejection with a rational.
  - The Director/Dean will have final approval of the travel request.
  - **Once approved, your Director/Dean will return this signed form to you so that you may finalize your travel arrangements and submit the completed travel packet to the BSCT (Lesley McCoy).**