

FACULTY TRAVEL AUTHORIZATION AND FUNDING FORM

This form, when properly completed and authorized in advance, eliminates the necessity for any other communication, written or oral, relative to arrangement for professional absences from the campus. It does not authorize actual payment of funds for travel. After this form has been approved, expenditures should be charged to the Master Corporate Card, whenever possible. Funds for non-chargeable expenses should be requested by completing the appropriate advance payment or reimbursement form provided by Business Services.

DATE: _____

TO: _____
(Chair/Dean)

FROM: _____
(Person making request)

I request the privilege of being absent from Hope College

From (date and time): _____

To (date and time): _____

to attend (conference/workshop) entitled

which is located in (city/state) _____

I ___do ___do not request funding of expenses as follows:

Estimated expenses are:

Travel	\$ _____
Registration Fee	\$ _____
Lodging	\$ _____
Meals	\$ _____
Other (cab, parking, etc.)	\$ _____
Total	\$ _____

FOR DEPARTMENT USE ONLY:

AMOUNT APPROVED: _____

BUDGETS CHARGED: _____

PLEASE ATTACH A MEMO OUTLINING THE PURPOSE FOR ATTENDING THE MEETING (e.g. presenting a paper, chairing a session, invited speaker, etc.)

Classification of Leave:

- | | |
|---|--|
| <input type="checkbox"/> College Business | <input type="checkbox"/> Professional conference observer |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Professional conference participant |

I acknowledge that any amount charged to Hope College in excess of the sum approved by the Dean or Department is my responsibility and I agree to repay the College within 15 days of notice.

Respectfully,

 Employee

Dated: _____

Approved: _____

Title: _____

Dated: _____

Approved: _____

Title: _____