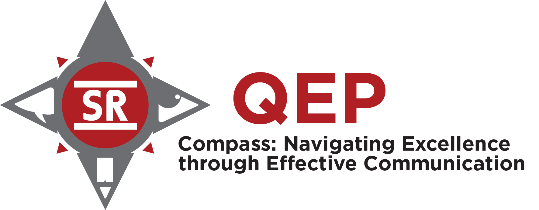
****

**Faculty Travel Application**

The QEP will send up to five faculty members to a communication-related conference each year. Faculty who would like to attend a conference must apply for funding through the QEP Executive Committee during the fall or spring calls for travel. Please complete this application and return it to QEP Co-Coordinator April Aultman Becker.

**PART I: QEP Application**

**Faculty Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty A Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Conference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Conference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following QEP Program Goals and/or Student Learning Outcomes does this conference address?**

*Program Goals*

Increase opportunities for students to demonstrate competency in written, oral and visual

communication through peer-reviewed or other externally-validated scholarship.

Enhance capacity of educators to teach communication skills through increased  
 professional development opportunities.

Develop a university-wide showcase of faculty innovation and scholarship in communication  
 instruction.

*Student Learning Outcomes*

The student will demonstrate effective development and expression of ideas in writing.

The student will exhibit skill in prepared, purposeful oral communication of material or  
 concepts.

The student will create and deliver visual works that facilitate audience understanding of a  
 central message or purpose.

**How does this conference apply to improving student communication?**

**How will this conference improve or inform the faculty member’s teaching of communication skills?**

**PART II: Authorization for Travel**

Faculty has reviewed and will follow SRSU Travel Regulations APM3.01

Faculty member will meet with QEP Secretary, Kayla Waggoner, to complete further application.

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QEP Executive Committee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III: Travel Application**

***This section MUST be completed with QEP Secretary, Kayla Waggoner.***

Faculty Information

**Faculty Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty A#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Campus Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SRSU Headquarters:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Details

**Conference Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Travel Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you presenting at the conference?  YES  NO**

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Missing Class Information

If a faculty member will miss any of their class meeting times, please indicate so below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Class** | **Class Meeting Day** | **Class Meeting Time** | **Arrangement in Absence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Travel Information

1. **Registration  YES  NO**

Note: Registration cannot be paid for using a department’s purchasing card or an individual’s credit card. Therefore the payment process will take up to two weeks. Please keep this in mind when planning your travel and help us account for your deadlines.

* **Registration Deadline:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Requisition Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_
  + **Purchase Order Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

1. **Airfare  YES  NO**

Note: Airfare cannot be paid for using an individual’s credit card (in case of an audit). Airfare must be booked with the Travel Agent on campus, Linda Stewart. Please be prepared to visit her office before booking a flight.

* + **Estimated Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Actual Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Day flight was booked:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Hotel  YES  NO**

Note: If a hotel is needed, individuals must be aware of the maximum allotment of reimbursement allowed for hotel fees. Do not use a personal credit card to book lodging, whether in state or out-of-state, without consulting the QEP Secretary.

**First Hotel:**

**Number of Nights:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Room Rate per Night:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hotel Tax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Maximum Room Rate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hotel Parking Fees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Overall Total:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Hotel:**

**Number of Nights:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Room Rate per Night:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hotel Tax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Maximum Room Rate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hotel Parking Fees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Overall Total:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Information Continued…

1. **Transportation:  MILEAGE  GAS**

Note: The mileage option accounts for the “wear and tear on your vehicle”, whereas the gas option will ask for the complete itemization of the funds used on gas. If you are close to your travel limit, the QEP Executive Committee reserves the right to ask the traveler to use the gas option.

**Mileage Option:**

* **Personal Vehicle** (.48)  **YES  NO**
* **University Vehicle** (.36) **YES  NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Destination One** | **Mileage Amounts** | **Destination Two** | **Mileage Amounts** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Mileage:** | | |  |

**List every location included with this travel request:**

**Total Cost for Transportation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Additional Transportation  YES  NO**

Note: If you are taking a flight to your conference location it’s important to request funds for rental cars, trains, subways, Ubers, etc.)

* **Method of Transportation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Estimated Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Parking Fees  YES  NO Total:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Miscellaneous  YES  NO Total:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Information Continued…

1. **Meals**

Note: Meals **require a receipt** for reimbursement. Alcohol and gratuities/tips will not be reimbursed.

In the chart below, indicate yes (Y) or no (N) as to whether a meal is included on this day of travel by either the hotel or conference/meeting. Examples would include continental breakfasts at the hotel or conference luncheons.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates of Travel** | **Breakfast** | **Per Diem** | **Lunch** | **Per Diem** | **Dinner** | **Per Diem** | **Total** |
|  | **Y  N** |  | **Y  N** |  | **Y  N** |  |  |
|  | **Y  N** |  | **Y  N** |  | **Y  N** |  |  |
|  | **Y  N** |  | **Y  N** |  | **Y  N** |  |  |
|  | **Y  N** |  | **Y  N** |  | **Y  N** |  |  |
|  | **Y  N** |  | **Y  N** |  | **Y  N** |  |  |
|  | **Y  N** |  | **Y  N** |  | **Y  N** |  |  |
| **Final Total in Per Diem:** | | | | | | |  |

Paperwork/Meeting Checklist

**Meeting with SRSU Travel Agent to book flight Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Higher Lodging Request Form Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hotel Occupancy Tax Exemption Form Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Request Form Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronic Promissory Note Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_