

Silver School of Social Work

## REQUEST FOR FACULTY TRAVEL OR DEVELOPMENT FUNDS

Completed forms should be submitted to the Dean's Office, 1 Washington Square North, Room 213 *prior to* incurring expenses. If applicable, a copy of the invitation to present must also be submitted.

1.	FACULTY NAME:			
2.	FUNDS TO BE USED**:			
	☐ Academic Year Travel Allocation	[		Faculty Development Funds
	☐ Admissions Reading Funds			Goddard Funds (22/R0315)
3.	CONFERENCE TRAVEL DETAILS			
	Conference Title/Sponsor:			
	Location and Travel Dates:			
	Role at Conference:			
	Estimated Costs:			
	Automobile Travel & Parking	\$		
	Air/Train Travel	\$		
	Hotel	\$		x# of nights =
	Early Bird Registration	\$		
	Total	\$		
4.	FACULTY DEVELOPMENT DETAILS			
	Proposed Expense:			
	Explanation:			
	Estimated Costs:			
5.	AMOUNT REQUESTED FOR REIMBURS	DUNT REQUESTED FOR REIMBURSEMENT \$		
	Signed:		D	ate:
6.	DEAN'S APPROVAL OF FUNDS			
	Amount Approved:		Remaining Balance:	
	Notes:			
	Approved By:			Date:

<sup>\*\*</sup>Approved expenses should be charged to 10/43100 unless otherwise noted.