

COLLEGE OF NURSING TRAVEL APPLICATION

for FACULTY SERVICES PROFESSIONAL DEVELOPMENT FUNDS, 2023-2024

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

Date: \_\_\_\_\_

Faculty Rank (mark one): Tenure Track \_\_\_ Clinical: \_\_\_ Instructional: \_\_\_ Post Doc: \_\_\_ % FTE Appointment: \_\_\_

Name of Meeting/Conference: \_\_\_\_\_

Conference link/website: \_\_\_\_\_

Are you attending in person or is this a virtual request? \_\_\_\_\_

If in person – what is the city/state of the conference? \_\_\_\_\_

Dates of business travel: \_\_\_\_\_ List any personal travel date, if any: \_\_\_\_\_

\*\*\*YOUR PARTICIPATION (Note what you feel your priority number is in the statement area below)\*\*\*

Priority 1 (Up to \$1,500): Presenting papers, posters, or other scholarly work; receiving an award at national conference where no funding is provided (priority will be given to paper presentations and to first author of paper or poster presentations).

Priority 2 Funding: (Up to \$1,000): Representing the College of Nursing at State or National Conferences at the request of the Dean or Division Heads or organizational leadership/service, if not funded by the organization (e.g. Board of Directors, Editorial Board, Committee Chair, Moderator/Discussant)

Priority 3 Funding: (Up to \$750): Professional development courses related to research, scholarship, or professional advancement.

STATEMENT describing how the request will contribute to the strategic mission and goals of the College and how it will facilitate the conduct and dissemination of your scholarship/research endeavors and/or professional development:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED EXPENSES: (THIS FUND DOES NOT REIMBURSE MEALS OR MILEAGE TO/FROM DEPARTING AIRPORT.)

TYPE OF EXPENSE	EXPENSE ESTIMATED COST	AMT OF OTHER FUNDING SOURCE(S) & MFK(s) – another CON unit, dept, UIHC, etc.
TRANSPORTATION (AIR, CAR, ETC.)		
LODGING		
REGISTRATION		
PARKING		
TAXI/UBER		
TOTAL ESTIMATED EXPENSES		

\*\*\*If you have other sources of funds, we ask you use those first before additional funds from this account\*\*

Evidence of presentation must accompany travel voucher for reimbursement.

For Office of Faculty Services Use Only: Priority 1 = \$\_\_\_\_\_; Priority 2 = \$\_\_\_\_\_; Priority 3 = \$\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

MFK: \_\_\_\_\_