JU FACULTY TRAVEL GRANTS APPLICATION FORM for FY 2019 – 2020



Please complete this application in its entirety and return with supporting documents no later than the deadline given below for each application period.

Requests for Fall Travel will be accepted through October 15, 2019 by 5 p.m.

Requests for **Spring Travel** will be accepted November 1, 2019 – February 15, 2020 by 5 p.m. Email address is orsp@ju.edu Applications must be submitted at least four weeks prior to the conference start date.

Applicant Information Full-time faculty are eligible to apply.								
Full Name:								
Faculty Ran	Faculty Rank:ProfessorAssociate ProfessorAssistant Professor							
JU Department: School or College:								
Departmenta	Phone							
Representati	Extension:							
Travel Event								
Title of Conference:								
Location (City/State/Country):								
Dates of Conference (MM/DD/YY - MM/DD/YY): to								
First Travel Day - Departure Date (MM/DD/YY): Last Travel Day - Re					M/DD/YY)			
Expense Report is due to ORSP within 10 business days post return date								
Applicant Status								
I am applying as: (check one)								
Attendee Presenter								
(up to \$1,000, eligible expenses) (up to \$1,300, eligible expenses)								
	Fall Application Period: Travel takes place between July 1 – Dec. 31, 2019 Requests accepted between May 1, 2019 – October 15, 2019							
N/A	Spring Application Period (Travel takes place between January 2 - June 30) Requests accepted between November 1, 2019 – March 1, 2020							
N/A	Second Requests (accepted for Spring 2020 Travel Dates only) Requests accepted between January 15, 2020 – Feb 15, 2020							
Please check the followin Other:	c one of g event categories:	Regional	National	Internatio	onal			
Is this a regularly occurring conference (annual, semi-annual, etc.)? Yes No								

Brief description of conference and significance for attendance. Also, please explain								
alignment with the multidisciplinary priority, as applicable.								
For Presenters Only								
Title of Presentation:								
Type of Presentation: Paper Perform	ance Poster O	ther (Specify):						
(If poster, provide evidence that this is the only option for presentation or that other forms of presentation are limited.)								
Has your abstract, paper, or presentation been peer rev (i.e., was it reviewed for acceptance in the program?)	iewed?	Yes	No					
Co-Authors (if any) and their affiliation:								
Are you the presenter? Yes No			reimbursement, applicant y presented the paper					
Expenses - Estimate the total cost of the travel event								
Airfare / Railroad \$ Mileage (personal vehicle) miles x 58 cents/mile								
Taxi/Ride Hotel	# of	Conference						
share\$Rate\$(estimate OK)/night	nights total	registration fee	\$					
Rental Darking face	Total Days for		l Reimbursement Estimate					
car \$ Parking fees \$ (estimate OK)	Meals*	\$						
*Total Meals reimbursed to a maximum of \$50/day	for each full day on trave	el status, \$30 for j	first and last day of travel.					
Total Estimated Expenses: \$ Total Amount of Request: \$								
Supporting Documentation	Read the ORSP							
For Presenters: Include with this application your Abstract and your acceptance letter/e-mail confirming presenter status, if available. Abstracts are required at submission, and proof of acceptance and presentation at the conference is								
necessary for reimbursement. The conference program, copy of the presenter badge, and/or a screen shot of web page(s)								
showing faculty name and presentation information are all acceptable to include with the reimbursement request. For Attendees: Include with this application the conference agenda (preliminary agendas are fine). While not required								
for submission, proof of attendance at the conference is necessary for reimbursement. The conference program, copy of the attendee badge, and/or a screen shot of web page(s) of the agenda are all acceptable to include for reimbursement.								
Applicant Signature	Departn	Department Chair or Head Signature						