

## 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	ank: Professor Associate Professor Assistant Professor								
JU Departm	nent:	Phone Extension:							
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 - Return Date (MM/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 <b>January 15, 2020 – March 1, 2020</b>								
Please check the following Other:	k one of ag event categories:	Regional	National	Internatio	onal				
Is this a regularly occurring conference (annual, semi-annual, etc.)? Yes No									

Brief description of alignment with the		_		-	ease explain				
For Presenters Only									
Title of Presentation:									
Type of Presentation:	Paper	Performano	ce Poster	Other (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, (i.e., was it reviewed for a			ved?	Yes	No				
Co-Authors (if any) and the									
Are you the presenter?	Yes 1	No	•		reimbursement, applicant ly presented the paper				
must be the person who actually presented the paper  Expenses - Estimate the total cost of the travel event									
Airfare / Railroad \$ Mileage (personal vehicle) miles x 58 cents/mile \$									
Taxi/Ride share \$ (estimate OK)	Hotel Rate /night	\$ r	t of nights otal	Conference registration fee	\$				
Rental s	Parking fees (estimate OK)	\$	Total Days for Meals*	Max Me \$	al Reimbursement Estimate				
*Total Meals reimburse	d to a maximum o	of \$50/day for	each full day on trav	vel status, \$30 for	first and last day of travel.				
Total Estimated Exp	penses: \$	of Request: \$							
<b>Supporting Documen</b>			Read the ORSI						
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			Department Chair or Head Signature						

05/16/2019 2