

**PITTSBURG STATE UNIVERSITY  
OFFICE OF ACADEMIC AFFAIRS**

**FY 20\_\_\_\_ FUNDING**

Request for Professional Development Travel Reserve Funds (Revised October 2005)  
Deans, Directors, Chairpersons and Technical Support Personnel

**PLEASE TYPE OR PRINT CLEARLY**

1. Name of Applicant: \_\_\_\_\_  
(Title) (First Name) (Last Name)

2. Department: \_\_\_\_\_ Rank: \_\_\_\_\_

**Complete Page 2 of this form to determine the anticipated cost of your travel. Final reimbursement will be 70% of actual expenses, not estimated expenses, for a maximum of \$700 each fiscal year (technical support personnel - \$500 each fiscal year).**

3. Seventy percent (70%) of the total anticipated cost of your trip: \$ \_\_\_\_\_  
(Refer to Item 9e of this form; maximum of \$700/\$500 allowed per fiscal year.)

4. Name of Conference **and** Title of Presentation or Professional Development Activity: \_\_\_\_\_  
\_\_\_\_\_

5. Location of Conference or Professional Development Activity: \_\_\_\_\_

6. Date of Conference or Professional Development Activity: \_\_\_\_\_

7. Dates of Travel: \_\_\_\_\_ to \_\_\_\_\_

8. Approvals (signatures required with dates):

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

**Send to: Professional Development Applications  
Office of Academic Affairs  
220 Russ Hall**

9. a. Complete travel details (items 10-16); copy the total cost from item 16: \$ \_\_\_\_\_  
 b. Times 70% of anticipated costs \_\_\_\_\_ x .70  
 c. Enter product of total cost and multiplier (9a x 9b) \$ \_\_\_\_\_  
 d. Enter maximum allowed (\$700/\$500 or 70% of anticipated expenses) \$ \_\_\_\_\_  
 e. Enter the smaller of items c and d \$ \_\_\_\_\_

**(Note this is your requested reimbursement amount. Final reimbursement will be based on actual expenses not estimated expenses.)**

### Travel Details

10. Travel Origin/Destination:

From (City/State) \_\_\_\_\_ To (City/State) \_\_\_\_\_

11. Dates/Time of Travel:

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 (1 day before only)

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_  
 (1 day after only)

12. Travel Expenses (refer to Kansas State Travel Policies for appropriate allocations):

- Travel by: a) Private Car \$ \_\_\_\_\_  
 b) State Vehicle \$ \_\_\_\_\_  
 c) Commercial Plane \$ \_\_\_\_\_  
 d) Other Travel - Explain \$ \_\_\_\_\_

13. Subsistence: a) N = Number of Quarters \_\_\_\_\_ \$ \_\_\_\_\_  
 b) Meal Expense (N x Quarterly Rate) \$ \_\_\_\_\_  
 c) Lodging Expense (at Daily Rate) \$ \_\_\_\_\_

14. Registration Fee: (Dues are not funded and should not be included. Explain if meals or lodging are included) \$ \_\_\_\_\_

15. Miscellaneous Costs: (include taxi, shuttle, tolls, tips, etc.)\$ \_\_\_\_\_

**(Please note: Rental car will not be reimbursed unless necessary to reach final destination.)**

Explain: \_\_\_\_\_

16. Total Anticipated Cost of Travel: \$ \_\_\_\_\_

**(After funds have been allocated, you may contact the Business Office concerning loans for airline tickets and other prepaid expenses.)**