**TRAVEL REQUEST FORM**  FF-001 BCLA

1. NAME OF CONFERENCE:

2. PURPOSE OF MEETING:

3. DESCRIBE YOUR PARTICIPATION:

   If this is not your first trip of the fiscal year, please give a more detailed description of how your participation is a significant scholarly or creative contribution to a professional meeting/conference.

4. IS YOUR PARTICIPATION: (check one)
   - CONFIRMED
   - ANTICIPATED

5. PLACE OF MEETING:

6. DEPARTURE DATE:

7. RETURN DATE:

8. ESTIMATED ITEMIZED EXPENSES:

   a. Registration Fees (with meals)
   b. Registration Fee (without meals)
   c. Transportation
   d. Hotel/Lodging
   e. Meals

9. TOTAL EXPENSES

10. PLAN TO COVER MISSED CLASSES HAS BEEN FILED WITH DEPARTMENT CHAIR?: (check one)
   - YES
   - NO

11. I HAVE REVIEWED THIS TRAVEL PLAN AND RECOMMEND IT FOR APPROVAL:

   If this is not the faculty member’s first trip of the fiscal year, please comment on how their participation is a significant scholarly or creative contribution to a professional meeting/conference.

   Chairperson Signature: ____________________________ Date: ____________

   Dean Approval: ____________________________ Date: ____________