

PROCEDURES FOR FACULTY PROFESSIONAL ADVANCEMENT (FPA) APPLICATION

(Refer to Faculty Handbook, 2.10.2.1)

1. Complete Section I
2. Have Department Chair complete Section II **(NOTE: Department must provide the first \$340 of initial academic year request)**
3. Submit forms to Dean's office. Upon approval, copies will be forwarded to business office, department chair, and applicant.

NAME _____
_____ (Print)

SECTION I: Supplemental Support Request

TYPE OF EXPENSE:

Publications (Page Costs)
Name of Publisher _____
Date of Publication _____

Costs: No. of pages _____
Cost per page _____

TOTAL COST _____ (attach invoice/receipt)

Travel for:
_____ Paper Presentation _____ Session Chair
_____ Panel Membership _____ Organization Officer

Travel to: _____

Travel dates: from _____ to _____

Meeting dates: from _____ to _____

Type of meeting _____

Name _____ of
Organization _____

Scope: International _____ National _____ Regional _____ State _____

Please comment on expected benefits of this travel: _____

Support requested from FPA funds (MAY NOT EXCEED \$600 PER YEAR) \$ _____

Total previous support from FPA funds this year \$ _____

Signature of Applicant _____ Date _____

SECTION II: For completion by Department Chair

Support from departmental funds for this trip: \$ _____

Support from departmental funds for page costs: \$ _____

Previous support for this applicant from departmental funds: \$ _____

Departmental Account Number _____

I endorse the application of this member of the department for supplemental funds through the Faculty Professional Advancement Program.

Signature of Chair _____ Date _____

SECTION III: For completion by the Dean of the College

Amount of FPA funds approved: \$ _____

Signature of the Dean of the College _____ Date _____

TRAVEL AUTHORIZATION REQUEST

Travel Form No. 1

To be submitted to the Business Office at least 72 hours before proposed trip (do not count Saturdays, Sundays, and holidays).

Name: _____ Department: _____

Authorization is requested for travel by the person named above to:

City: _____ State: _____

Event: _____

Departure date: _____ Return Date: _____

Purpose of Travel:

Estimated Costs:

_____ Attendance at professional meeting	Air fare	\$ _____
_____ Officer in organization	Mileage (auto)	_____
_____ Panel participant	Other transportation	_____
_____ Paper presentation	Taxi/limo	_____
_____ Professional performance		
_____ Other:	Lodging	_____
_____	Food	_____

_____	Registration fee	_____
_____	Misc. costs	_____
_____	Total	\$ _____
_____	Advance Requested	\$ _____

Date needed _____

APPROVALS

Approval for a travel advance and for travel reimbursement is given for amounts not to exceed the totals shown below. More than one account may be used, as indicated, when more than one budget contributes to support of the travel. Documentation after travel (Travel Form No. 2) will determine the exact amount of reimbursement.

Department (Chair or Director) _____ Date: _____

Dean/Vice President _____ Date: _____

To be completed by budget manager(s) of account(s) charged:

Approved Advance: \$ _____ Account: _____

\$ _____ Account: _____

Approved Reimbursement: \$ _____ Account: _____

(Travel Form No. 2 \$ _____ Account: _____
attached)

Signature of any budget manager other than Department Chair/Director or Dean/Vice President.

_____ Date: _____

Route Advance check: / / Via Campus Mail / / Will pick up from Cashier