

REQUEST FOR TRAVEL 2009-10
 School of Behavioral Sciences and Education
 Penn State Harrisburg

Name _____

	Conference 1	Conference 2	Conference 3
Organization Name	_____	_____	_____
Location of Conferences	_____	_____	_____
Dates of Attendance	_____	_____	_____
Provisions for Course Coverage	_____	_____	_____

Check all that apply:

- Member of Organization
- Paper Presentation/
Symposium Speaker
- Panel Member/Discussant
- Featured Speaker
- Keynote Address
- reconvention Institute
Participant
- Member of Board
- Executive Officer
- Award Recipient
- Other _____

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- Paper Presentation/
Symposium Speaker
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- Preconvention Institute
Participant
- Member of Board
- Executive Officer
- Award Recipient
- Other _____

Estimated Expenses:

Transportation:

Airfare/Auto _____
 Lodging/Meals _____
 Registration _____
 Other _____

Sub total #1 _____

Estimated Expenses:

Sub total #2 _____

Estimated Expenses:

Sub total #3 _____

<p><i>(For Director's Office Use)</i></p>	<p>Standard Allocated Amount: _____</p> <p>Less Funds Expended: _____</p> <p>Approved Request: _____</p>
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NOTES: If your plans deviate from the itinerary listed above please notify the School Director in writing. A travel expense account must be submitted within four days after returning from the trip. All expenses for the 09-10 academic year must be completed and submitted for reimbursement by June 30, 2010. All airline reservations must be made through University Travel Services and direct billed to the department in order to be reimbursed.

_____ Faculty Signature

 Director of Teacher Education Signature (if applicable)

 School Director Signature