

Name: _____

Department: _____

Description of Event/Activity

Conference/event name: _____

Location of event/activity: _____

Start date of travel: _____ End date of travel: _____

Role in the event

- Audience member/attendee
- Presenter
- Contributor

Describe impact of travel on personal and/or professional development and/or advantages to department or UWS.

Describe how you will share the information you obtained (or presented) with others at UWS (faculty, staff, students).

This travel request is categorized as: (check all that apply)

- Professional development (classroom or clinical)
- Service to UWS and/or profession
- Scholarship

Estimated Costs

See [Policy 3008 Travel, Meals and Entertainment Expenses](#) as a reference.

Registration/fees:

Transportation (airfare, transportation to hotel, parking, rental car, personal vehicle mileage reimbursement).

Hotel:

Meals/per diem:

Estimated total:

Signature _____ Date _____

Travel approved - yes no

Dean's Signature: _____

Funds available \$ _____ Date: _____