

TRAVEL FUNDING REQUEST FORM

This form **MUST** be completed to facilitate an Employee Service Center Travel Ticket submission on behalf of the traveler.

****** Email completed forms to: ******

T&L / EDL / ESP / FYS: Julie Ellsworth & Jennifer Berry @ julie.ellsworth@nau.edu & jennifer.berry@nau.edu

EPS: Hope DeMello @ hope.demello@nau.edu

CSTL/STEM: Lillie Giffen @ lillie.giffen@nau.edu

Traveler's Name:

Date of Request:

EMPLID/Student ID #:

Assigned Duty Post Choose an item.

Please check only one box: Faculty/Staff Graduate Assistant Student/Non-NAU Employee

NATURE OF ACTIVITY AT TRAVEL DESTINATION (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Conference
<input type="checkbox"/> In-person <input type="checkbox"/> Virtual | <input type="checkbox"/> Meeting
<input type="checkbox"/> In-person <input type="checkbox"/> Virtual | <input type="checkbox"/> Training/Workshop
<input type="checkbox"/> In-person <input type="checkbox"/> Virtual | <input type="checkbox"/> Event
<input type="checkbox"/> In-person <input type="checkbox"/> Virtual |
| <input type="checkbox"/> Course Related Travel: (e.g., EPS 123) _____ | | <input type="checkbox"/> Student Group Travel (indicate number of students): _____ | |

FUNDS WILL BE USED TOWARDS THE FOLLOWING:

1. **FULL** Title of event: (e.g., American Educational Research Association Conference; EPS 694-Internship Meeting)

Conference/Event Registration Website Link: _____
2. **Date(s) of Travel** (approximate multiple dates may be included for recurring trips to the same location such as practicum site visits): _____
3. **Planned Departure time from Home/Duty Post:** _____
4. **Planned Departure time for return Home/Duty Post:** _____
5. **Location(s): (Address / City / State / Country)**
Home/Duty Post: _____
Destination(s): _____

TOTAL REQUESTED FUNDING AMOUNT: \$ _____

AVAILABLE FUNDS (to be completed for travel using allocated funds for professional development):

Professional Development Account Balance: \$ _____
Additional Source(s) of Funding (please specify source and amount): _____
NOTE: If you have secured funds from additional sources, please specify. (e.g., COE Dean's Travel Award, GSG, etc., attach the travel fund award letter or notification to this form)

TRAVEL REQUEST WILL ENCOMPASS THE FOLLOWING:

- Conference Registration Lodging Meals Mileage Shuttle/Parking Other _____
- Airfare: ID being used to board plane Driver's License or Passport
 Full Name as it appears on ID: _____
 Date of Birth: _____

NOTE: Traveler must be a university authorized driver to be reimbursed for vehicle related expense, e.g., mileage, parking, etc. Detailed information will need to be included in the service ticket.

***** New Purchasing Rule: Effective 7/1/2023 purchases made on a personal credit card are not able to be reimbursed. All purchases MUST be done on an NAU PCARD. Please contact Julie, Jennifer, Hope or Lillie to facilitate all purchases. *****

Public purpose statement: Please provide the public purpose for your request, be as detailed as possible....

Notes/Additional Info we should know: (for example, will you be taking personal time during this trip? If so, what dates, etc.)

FOR OFFICE USE ONLY:

Speedchart to be used for expenses: _____ Funding Verified by: _____ * Supervisor Approval: _____ *

* Electronic signature acceptable

Travel Certification Form Approved for Current AY Driver Non-Driver