

**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**

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| **NATURE OF ACTIVITY AT TRAVEL DESTINATION (check all that apply):** [ ]  **Conference**  [ ]  **Meeting**  [ ]  **Training/Workshop** [ ]  **Event** [ ]  In-person [ ]  Virtual [ ]  In-person [ ]  Virtual [ ]  In-person [ ]  Virtual [ ]  In-person [ ]  Virtual[ ]  **Course Related Travel:** (e.g., EPS 123)       [ ]  **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:      1. **Date(s) of Travel (approximate multiple dates may be included for recurring trips to the same location such as practicum site visits):**
2. **Planned Departure time from Home/Duty Post:**
3. **Planned Departure time for return Home/Duty Post:**
4. **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: T**raveler 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** |

Revised JLB 7/31/23