

**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**](mailto:julie.ellsworth@nau.edu) **& Jennifer.berry@nau.edu**

**EPS: Hope DeMello @** [**hope.demello@nau.edu**](mailto: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