

LUCIA HARRISON ENDOWMENT FUND

TRAVEL TO PROFESSIONAL MEETINGS

Faculty Signature Line:

NAME:	LHEF PROJECT #:
MEETING:	APPLICATION DATE:
LOCATION:	MEETING DATES:

REASON FOR ATTENDING (Circle as Appropriate)

Attendance Only (non-participant)

Presenting a Paper

Chairing a Session

Participation on a Panel

Other (specify)

Check List before Submitting

- LHEF Travel to Professional Meeting form completed and numbers proofed.
 - Copy of permission to travel
 - Travel itinerary including cost
 - Copy of the program showing dates, times, and abstract of presentation.
 - Conference registration receipt
 - Hotel confirmation: how many occupants, number of nights, all taxes and total.
 - Super shuttle, taxi, trains and/or bus fare cost if available on the web.
 - Cost associated with presentation material (poster, maps, etc.)
 - Copy of approved class coverage form
- If not presenting
- Conference Program cover sheet with dates you plan to attend.
 - LHEF Spreadsheet – pre-trip estimate

If you are a participant, have you applied, or do you intend to apply, to the WMU Faculty Research Travel Fund for Support? If not, explain.

YES

NO

Have you ever applied for, or will you receive, other financial support? Please specify.

YES

NO

Is the Check List complete?

YES

NO

Please note: Funding for **local field trips** held during the professional meeting/session will not be considered. Funding for pre- and post- conference field trips, workshops, or symposia should be requested in a separate L. Harrison proposal.

TRANSPORTATION

**Please go to www.wmich.edu/travel/forms for a blank Travel Expense Voucher
for current rates for mileage and per diem

Travel from (departing city) _____ to (arriving city) _____	Mode: _____
Departure date and time: _____	Return date and time _____
TRANSPORTATION EXPENSES	Fare \$ _____
	Service fees \$ _____
Motor Vehicle Mileage (___ miles @ _____) use current university rate	\$ _____
Taxi _____ Train _____ Super Shuttle _____ Bus fare _____	\$ _____
Other (specify) _____	\$ _____
TOTAL TRANSPORTATION	

LODGING

For which nights (dates) are you requesting funding? _____ (Your portion if sharing a room, i.e. 50%;100%)						
SUN _____	MON _____	TUE _____	WED _____	THUR _____	FRI _____	SAT _____
SUN _____	MON _____	TUE _____	WED _____	THUR _____	FRI _____	SAT _____
LODGING EXPENSES (___ nights @ _____)				TOTAL LODGING \$ _____		

MEALS

Please indicate meals- **Use 75% for the 1st & last day of travel – you must show each meal on each day.**
<http://wmich.edu/payroll/accounts-payable/forms> to find current rates

	SUN	MON	TUE	WED	THURS	FRI	SAT	TOTALS
Dates								
BREAKFAST								\$ _____
LUNCH								\$ _____
DINNER								\$ _____
Incidentals								\$ _____
TOTAL MEALS								\$ _____

OTHER EXPENSES	TOTAL
MISCELLANEOUS	\$ _____
TOTAL EXPENSES EXCLUDING REGISTRATION	\$ _____
75% IF PRESENTING:	\$ _____
50% IF NOT PRESENTING:	\$ _____
REGISTRATION: (Early Bird @ 100%)	\$ _____
TOTAL AMOUNT REQUESTED	\$ _____
TOTAL MAXIMUM AMOUNT APPROVED BY HARRISON	\$ _____