# SCHOOL OF SCIENCE PROFESSIONAL TRAVEL PLANNING FORM - 2018-2019

#### Instructions:

• E-MAIL completed form to **science@tcnj.edu**.

• Use a separate form for each event and for each faculty, staff, or student.

#### **Deadlines:**

**Sep. 17, 2018** (for October 2018 – June 2019 travel) **May 1, 2019** (for July – September 2019 travel)

**Note:** This is a School of Science planning form only; the TCNJ online request form must also be completed and submitted at least two weeks prior to departure date.

ATTENDEE INFORMATION				
Last Name First Nar	ne Department/Major			
Attendee is: Faculty Staff	Student - Faculty Mentor:			
EVENT INFORMATION				
Title of Event				
	Etart Date End Date			
Name of Sponsoring Organization	Do you serve in a leadership position within the organization sponsoring the event?Yes Position:No			
<u>Type of Event:</u>				
Scholarly Event  Professional Development Conference  Other    course and curriculum  Please indicate:    student engagement				
FUNDING REQUEST    Requested from School of Science: \$    Supported from Grant:  \$    Grant No.     Are you requesting funding from another source?  Yes - \$:    If yes, indicate source of funds:  No	AMOUNT FUNDED - School of Science Use Only    School of Science:    School of Science:    Department    (Enterprise)    Dean's Comments:			

## **PRESENTATION STATUS**

### Are you presenting?

presenting author.	My student mentee(s) is/are the presenting author(s).	I am a co-author and a collaborator is presenting.	I am not presenting.	
Type of presentation (check all that apply):				
	refereed presentation	contributed presentation oral paper poster discussion session/ workshop other	other	
Title/Topic of Presentation:				
FOR FACULTY AND STAF	FONLY — STUDEN	T INVOLVEMENT		
TORTACOLITAND STATI ONLI — STODENT INVOLVEMENT				
Is work that was done in co	ollaboration with stude	ents being presented?	Yes No	
Are students also attending?YesNoIf yes, please submit a separate request for each student.				
ESTIMATED EXPENSES				
Registration: Using P-Ca	\$ rd? Yes No	TOTAL ESTIMATEI	) EXPENSES:	
Airfare: (incl. taxes and luggage fees)	\$	\$	***	
Train:	\$	Additional Informa	tion	
Enter no. of miles Mileage: to calculate amount (\$0.54 per mi; incl. travel to airport)	\$		from Attendee/Requestor:	
Car rental:	\$			
Hotel: Enter no. of nights and series and se				
Meals:	\$			
Other:	\$			
*** automatically calculated				

E-mail completed form to perkinsg@tcnj.edu.