

# Marywood University Faculty Development Funding Request

Name:		Date of Request:	
Amount requested for this activity: \$		(2024-2025 Max is \$1500)	
Status:	Prof. of Practice (POP) <input type="checkbox"/>	Tenured <input type="checkbox"/>	Tenure-Track <input type="checkbox"/>
Academic Rank:	Assistant Professor <input type="checkbox"/>	Associate Professor <input type="checkbox"/>	Instructor <input type="checkbox"/> Professor <input type="checkbox"/>
Department:			
Location of Activity:		Date of Activity:	
<p>Which of the following categories best describe the activity? (select <b>all that apply</b>)</p> <p><input type="checkbox"/> Certification/Licensure</p> <p><input type="checkbox"/> Commentator/Moderator/Panel/Roundtable</p> <p><input type="checkbox"/> Research or Creative Endeavor/Performance</p> <p><input type="checkbox"/> Workshop/Conference Attendance -</p> <p>Are you presenting?:</p> <p><input type="checkbox"/> Abstract</p> <p><input type="checkbox"/> Paper</p> <p><input type="checkbox"/> Poster</p> <p><input type="checkbox"/> Speech/Keynote</p>		<p>To the extent that you are able, estimate the expenses of this activity.</p> <p>Registration, Tuition or Fees \$</p> <p>Transportation \$</p> <p>Lodging \$</p> <p>Meals \$</p> <p>*Other \$</p> <p>TOTAL \$</p>	
<p>Please also describe the activity for which you are requesting funds (for example, the title of your work or the name of the conference). <b>Please attach a copy of documentation</b> (e.g. letter of acceptance or program schedule).</p>			
Amount previously requested this year from the <b>Faculty Development Fund</b>		\$	
Are you already receiving funds from your department for this request?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the amount you are receiving from your department?		\$	
If yes, what is the budget number of the department from which you are receiving funds?			

**FACULTY AGREEMENT:** I agree to the terms of policy and procedure published in the Faculty Handbook.

Signature: \_\_\_\_\_  
**Faculty Member**

**DEPARTMENTAL AUTHORIZATION:** This proposal is coordinated with the goals of the Department.

Signature \_\_\_\_\_  
**Department Chair. (If the proposer is the Chair, signature of the Dean)**

AMOUNT APPROVED: \_\_\_\_\_ Signature \_\_\_\_\_  
Dean

PLEASE EMAIL COMPLETED FORM WITH ALL APPROPRIATE SIGNATURES TO [ACADEMICAFFAIRS@MARYU.MARYWOOD.EDU](mailto:ACADEMICAFFAIRS@MARYU.MARYWOOD.EDU).

NO LATER THAN TWO WEEKS AFTER THE EXPENSES WERE INCURRED, PLEASE COMPLETE, SIGN AND EMAIL THE MARYWOOD [TRAVEL EXPENSE REIMBURSEMENT FORM](#) ALONG WITH APPROPRIATE RECEIPTS TO [ACADEMICAFFAIRS@MARYU.MARYWOOD.EDU](mailto:ACADEMICAFFAIRS@MARYU.MARYWOOD.EDU).

**TRAVEL POLICY ON NEXT PAGE**

# TRAVEL POLICY

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THE UNIVERSITY RESERVES THE RIGHT NOT TO REIMBURSE AN INDIVIDUAL FOR ANY EXPENSE FOR WHICH A RECEIPT IS NOT SUBMITTED TO THE FISCAL SERVICES OFFICE within two weeks following the completion of travel. Attendance at meetings and the travel form must be approved by the proper budget officer based on the budget being expended. Allowable expenses are described below. The most economical mode of travel is to be used. The University's Travel Policy also applies to all travel covered by grants and/or other sponsored programs.

## **EXPENSES NOT SUPPORTED BY DETAILED VENDOR RECEIPTS WILL NOT BE REIMBURSED.**

### **TRAVEL ADVANCES**

Travel advances are available by check or in cash (if \$100 or less). Requests for travel advance by check should be made at least one week before needed. If an expense report is not filed within two weeks following the completion of travel, the advance will be charged to the personal account of the individual who received it. If expenses are claimed against a travel advance without detailed vendor receipts, the expenses will be charged to the personal account of the individual who received the advance.

### **ALLOWABLE TRAVEL EXPENSES**

Travel expenses include hotel, transportation, meals, parking, tolls, and registration fees. *Alcoholic beverages are not reimbursable.* The most economic mode of travel should be used and hotel accommodations should be adequate but not luxurious. Original vendor receipts are required within two weeks of the event. Visa, MasterCard, and other personal charge statements of accounts will not be honored. Object code 53520 is used for all travel expenses, except registration fees, which are charged to 53521.

### **MILEAGE REIMBURSEMENT LIMITS**

For individuals who use their own car for travel to/from professional meetings, car mileage allowance is paid at the current IRS travel rate for trips less than 100 miles per day. If traveling over 100 miles per day, rental from Enterprise, either with a Purchase Order or Marywood issued PNC Purchasing Card is suggested. Use of an employee vehicle is allowed but you will only be reimbursed the calculated rental car rate if less than mileage reimbursement less your daily commute mileage. Mileage reimbursement is calculated by taking the distance traveled less the employee's daily commute mileage to Marywood. If first driving to Marywood and returning to Marywood, then all travel mileage would be reimbursable.