

**Missouri State University - West Plains Campus**  
**Office of Academic Affairs**  
**FACULTY DEVELOPMENT REQUEST**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division / Department:** \_\_\_\_\_

**Conference:** *(circle one)* **In Person** or **Online** \_\_\_\_\_ **Conference Dates:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date Leaving:** \_\_\_\_\_ **Date Returning:** \_\_\_\_\_

**Reason for Travel:** \_\_\_\_\_

**NOTE: For conferences: Written report must be submitted within 30 days of return date.**

Estimated Costs	
Meals	\$ _____
Travel	\$ _____
Lodging	\$ _____
Conference Registration	\$ _____
<b>Total</b>	<b>\$ _____</b>

Is the travel during class or work time?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how are the classes or office responsibilities being covered?

\_\_\_\_\_  
 \_\_\_\_\_

**NOTE: You MUST have estimated mileage and Dean's signature to reserve a vehicle**

Vehicle estimated mileage: \_\_\_\_\_ miles X .55 \$ \_\_\_\_\_

\_\_\_\_\_  
 Approve

\_\_\_\_\_  
 Disapprove

\_\_\_\_\_  
 Department Head Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approve

\_\_\_\_\_  
 Disapprove

\_\_\_\_\_  
 Dean / Supervisor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approve

\_\_\_\_\_  
 Disapprove

\_\_\_\_\_  
 VC of Academic Affairs Signature

\_\_\_\_\_  
 Date