

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	\$
Total	\$

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 .70 \$ _____

Approve

Disapprove

Department Head Signature

Date

Approve

Disapprove

Dean / Supervisor's Signature

Date

Approve

Disapprove