**Faculty Conference Grant Reimbursement Form**

**Conference Grants Reimbursement**: Upon VPAA approval of the grant application form, faculty make and pay for their own conference registration, hotel, and travel with their own personal funds. Conference grant funds are provided as reimbursement only. The Business Office is not authorized to provide advance checks, cash, or credit card for these expenses. Rather, faculty should provide receipts to the VPAA for reimbursement of eligible expenses after the conclusion of the conference. No individual faculty member will receive more than the stipulated maximum amount of $1,500 per fiscal year. (see DWC Policy Handbook 07.02.03)

Faculty member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESL / DTP / DIS (circle one)

* Attach Faculty Conference Grant Pre-Approval Form

Actual expenses: 1/ Conference Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 attach receipt

* the published cost of registration for the conference event

2/ Conference Hotel: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 attach receipt

* the published cost of a standard hotel room for the duration of the conference event

3/ Conference Travel: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 attach receipt

* Option A: Round-trip economy class airfare to/from the conference event city
* Option B: Round-trip driving to/from the conference event city and parking for the duration of the conference event

\*All other expenses, such as meals, per diem, conference purchases, and miscellaneous charges are not covered. By exception, SVDs and other religious faculty members may receive a $40 per diem for meals for the scheduled duration of the conference event.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total actual expenses ($1,500 max per FY)

Faculty signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP for Academic Affairs signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Reimbursement check request submitted to the Business Office by VPAA