

Request Form Conference Participation Funds

Name:

Scl	nool:	
Ac	ademic Department:	
Da	ite:	
1.	equest Category (I A-D; II A-E) which best describes the activity: lease attach appropriate documentation. If your activity is in the IA category, describe the process by which our proposal was selected and include documentation regarding the competitive nature of the paper.	
2.	Event Description	
	Name of the Professional Organization:	
	Conference Name:	
	Location and Date of Conference:	
3.		are requesting funds. Please be as specific as possible (i.e., include n to which you are presenting, estimated number of participants.)
4.	Expenses. Please provide your best of University's Expenditure Policy.	estimate of expenses. All requests must comply with Messiah
	Registration: \$	Accommodations: \$
	Airfare: \$	Meals (maximum per diem is \$50: \$ Breakfast: \$10; Lunch: \$15; Dinner: \$25
	Mileage:	
	(\$.655 per mile): \$	Other:(Include brief description and amount) Total estimated cost of conference: \$
	Ground Transportation: \$	

Please email completed form to the Office of Faculty Development at facdev@messiah.edu.

