

## Request Form Conference Participation Funds

Name:

Scl	hool:		
Ac	cademic Department:		
Da	ate:		
1.	Please attach appropriate documenta	quest Category (I A-D; II A-E) which best describes the activity: ase attach appropriate documentation. If your activity is in the IA category, describe the process by ich your proposal was selected and include documentation regarding the competitive nature of the paper	
2.	<b>Event Description</b> Name of the Professional Organiza	ation:	
	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:	Other:	
	(\$.655 per mile): \$	(Include brief description and amount)	
	Ground Transportation: \$	Total estimated cost of conference: \$	

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

