

CUPFA – PROFESSIONAL DEVELOPMENT – PROPOSED BUDGET

Applicant:		Employee #:	Email or telephone:
Faculty:	Department:		Date: mm/dd/yy

TRAVEL

If applicable, name of Conference, Workshop, etc.

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Location	Date(s)
	mm/dd/yy mm/dd/yy

Transportation (Please consult university travel policy re: use of agent and rates, etc.)

Date(s)	Location		Description (airfare, mileage, taxi,...)	FOR COMMITTEE USE	
	From	To		Amount	Awarded
			TOTAL		

Accommodations

Date(s)	Location(s)	Hotel Name (#Days x Amt./Day)	Amount	Awarded
			TOTAL	

Meals

Date(s)	#days x amt./day – see guidelines	Amount	Awarded
		TOTAL	

TOTAL
Travel Funds
Requested

TOTAL
Travel Funds
Awarded

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Grand TOTAL (all forms)

Requested

Awarded

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