

Ozarks Technical Community College

Professional Activity

Advance Travel Request

Name: _____ Date: _____

Department: _____ Budget Number: _____

Activity Title: _____ Sponsored By: _____

Description of Activity: _____

Type of Activity: Conference Training Other (Specify): _____

Scope of Activity: Regional State National Other (Specify) _____

City, State: _____

Date Leaving: _____ Date Returning: _____ Date(s) of Activity: _____

If applicable, how many days of instruction will be missed

and what arrangements have been made: _____

If students are traveling, a Field Trip/Student Travel Form must be completed.

Expenses Requested for Reimbursement

Travel: Airplane from _____ to _____

Personal Auto from _____ to _____

Other (taxi, airport, shuttle, etc) _____

Lodging: \$ _____ x Number of Days _____

Meals: \$ _____ x Number of Days _____

Registration: _____

Other Expenses: _____

Total Requested _____

How will your participation advance the college's strategic plan?

How do you plan to share this information with a broader audience?

Faculty Center Within Department Other (Specify) _____

How many prior days missed for professional development in the current academic year? _____

Do you anticipate attending other professional development activities in the current academic year? _____

If yes, specify: _____

Are you required to have specific numbers of hours of training by an accrediting body? _____

If yes, will this activity help satisfy that requirement? _____

Approval Signatures

Supervisor: _____ Date: _____

Dean: _____ Date: _____

Does this activity earn Professional Development credit? Yes No

Vice Chancellor: _____ Date: _____

Chancellor: _____ Date: _____
(signature needed if traveling out-of-state)

Original to Originator

Copy to Division Dean

Copy to Vice Chancellor

Signed Copy to Finance Dept