

Adjunct Conference Travel Reimbursement Request

Employee Name: Emp						
Employee Address:			Discipline:			
			T			
To be eligible you must have completed 3 semesters with a minimum of 2 credits each and an assignment the semester you are traveling.						
Semester/Year	Credits					
2						
3			Date(s) of Co	onference:		
4						
Item	Item Description				Estimated Cost	
Travel	Method of Travel:	No. of Mil	Miles (if by car):		\$	
Lodging	Number of Days:	Daily Rate	Rate:		\$	
Meals (\$12 per qualifying meal)	Number of Days:	No. of Me	Meals:		\$	
Other (Itemize)	Registration Fee:				\$	
	Tolls:				\$	
	Parking:				\$	
	Other (specify):				\$	
TOTAL REIMBUSEMENT WILL NOT EXCEED \$750 IN ANY ACADEMIC YEAR The annual amount of \$20,000 will be awarded to adjuncts on a first come/first serve basis according to the date/time stamp on the application by the Office for Faculty and Professional Advancement. All request for reimbursement must be received 2 weeks before the conference starts.					\$	
JUSTIFICATION FOR CONF					TTACHED	
Applicant Signature	J	Date				
Office for Faculty & Professional Advancement (Approve eligibility/funding)			Date	Purchase (Purchase Order #	
Instructions:						
 Applicant sign and submit for Science Building, Room 100 Any questions, please contact OFPA verifies semester, & tr Upon completion of travel, applications 	for approval of professional at Donna Krompinger at kromacks availability of funds. Ac	appropriateness npid@sunysuffol djunct will receive	of conference. k.edu e purchase orde	er by mail.		

- limited to receipts and proof of conference attendance. 4. Mileage reimbursement form required if traveling within Suffolk County.
- 5. Payment of up to \$750 will be made for allowable costs.