

FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE**CONFERENCE PRESENTATION GRANT APPLICATION FORM**

(Please **type** and submit **original and six copies.**)

DATE: _____

NAME: _____ **SOCIAL SECURITY #** _____

DEPARTMENT _____ **OFFICE PHONE** _____

ARE YOU A FULL-TIME FACULTY MEMBER? ___ YES ___ NO

ARE YOU PLANNING TO RETURN TO FSU NEXT ACADEMIC YEAR? ___ YES ___ NO

PRESENTATION TITLE : _____

NAME OF CONFERENCE: _____

CITY/STATE/COUNTRY CONFERENCE HELD: _____

DATE OF PRESENTATION _____ **DATES OF CONFERENCE** _____

STATEMENT OF IMPACT OF CONFERENCE PRESENTATION ON YOUR PROFESSIONAL DEVELOPMENT:

STATEMENT OF BENEFIT TO FSU:

CONFERENCE PRESENTATION EXPENDITURES:

1. Conference Registration		\$ _____
2. Travel Expenses to and from Conference		
a) Plane		\$ _____
b) Train		\$ _____
c) Bus		\$ _____
d) Car (refer to current mileage rate)		\$ _____
e) Rental Car		\$ _____
3. Lodging		
Hotel \$ _____/night * Number of Nights _____		\$ _____
4. Food	\$ _____/day * Number of Days _____	\$ _____
	(refer to current per diem rate)	
5. Miscellaneous		
a) Parking at Hotel		\$ _____
b) Parking at Airport		\$ _____
c) Other (Explain)		\$ _____
d) Other (Explain)		\$ _____
	TOTAL	\$ _____

Less Reimbursement Already Received and/or Encumbered/Allotted \$ _____

TOTAL REIMBURSEMENT REQUESTED \$ _____

If you have already received reimbursement for the conference (and/or money has already been encumbered/allotted), please delineate each source and amount of reimbursement received.

1. Source _____	\$ _____
2. Source _____	\$ _____
3. Source _____	\$ _____

Application Checklist

_____ Completed Conference Presentation Grant Application Form
(original and six copies)

_____ Documentation of Presentation Acceptance or Occurrence
(seven copies)

_____ Copies of Receipts (one copy of all receipts, originals not required)

Note: if you are applying for a conference that has not taken place yet, you will need to send a copy of receipts to the Office of Research and Sponsored Programs when you return from your trip.