

KINESIOLOGY AND COMMUNITY HEALTH TRAVEL AND ABSENCE REPORT

Name _____ Dates of Absence _____

Destination _____

PROCEDURES: Once this form is completed, please submit to Karen Nichols, Room 117 Freer Hall. If you are applying for reimbursement for airline travel, you will need to submit your boarding passes and itinerary once you return. If submitting receipts for conference travel reimbursement, please provide a copy of the agenda.

Contact Addresses and Telephone Numbers:

Purpose of the Trip (check all that apply):

- Present invited paper/session at professional meeting
(what meeting? _____)
- Attend conference for professional development
(what conference? _____)
- Participate in professional committee meeting
(what committee? _____)
- Official University representative at function
(what function? _____)
- Collaborate with colleagues at another institution
(what institution? _____)
- Consulting (paid/unpaid _____)
- Other (explain _____)

Source of Funds (check all that apply)

- Dept. (amount requested from department \$ _____)
- Self (approximate personal contribution \$ _____)
- Grant (\$ _____)
- Other (\$ _____)

Coverage of duties during absence:

Course #	Dates Involved	Arrangement
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Faculty Signature _____ Date _____

Dept. Head Signature _____ Date _____

Approval \$ _____