



**APPLICATION FOR FUTURE REIMBURSEMENT OF EXPENSES  
PROPOSED OFF-CAMPUS CONFERENCE PAPER PRESENTATION**

Name of Presenter: \_\_\_\_\_

GCU School: \_\_\_\_\_

Name of Organization Sponsoring Conference: \_\_\_\_\_

Conference Website: \_\_\_\_\_ Dates of Conference: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Conference Paper Topic with Attached Abstract: \_\_\_\_\_

Relationship of Topic to Research Area: \_\_\_\_\_

Has this Topic Been Presented/Funded by GCU Earlier? Department Funds \_\_\_\_\_ Provost Funds \_\_\_\_\_

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**List Other Provost Sponsored Presentations This Academic Year:**

1. Conference and Location: \_\_\_\_\_

Conference Date: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

2. Conference and Location: \_\_\_\_\_

Conference Date: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

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Approved      Denied

\_\_\_\_\_      \_\_\_\_\_      Department Chair: \_\_\_\_\_      Date: \_\_\_\_\_

Approved      Denied

\_\_\_\_\_      \_\_\_\_\_      Dean of School: \_\_\_\_\_      Date: \_\_\_\_\_

**See Reverse Side**

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**Estimated costs for:**

|                                                                                                             |          |
|-------------------------------------------------------------------------------------------------------------|----------|
| Registration Fee:                                                                                           | \$ _____ |
| Transportation Expense:                                                                                     | \$ _____ |
| Automobile Mileage @ \$0.505/mi:                                                                            | \$ _____ |
| Automobile Parking Fees:                                                                                    | \$ _____ |
| Motel/Hotel accommodations:                                                                                 | \$ _____ |
| Meals (a limit of \$40.00 per day will be reimbursed):<br>(Adjust if meals are included in Conference Fee.) | \$ _____ |

**TOTAL** \$ \_\_\_\_\_

**APPROVED** \$ \_\_\_\_\_

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**Please include a copy of conference program and all receipts when applying for reimbursement.**

**Approved      Denied**

\_\_\_\_\_      \_\_\_\_\_      **Provost:** \_\_\_\_\_      **Date:** \_\_\_\_\_

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**NOTE: IF YOUR PRESENTATION IS NOT PLACED ON THE CONFERENCE AGENDA OR YOU DECIDE NOT TO GO, PLEASE NOTIFY THIS OFFICE SO FUNDS MAY BE MADE AVAILABLE TO OTHER UNIVERSITY FACULTY.**