**Cover Sheet**

|  |  |
| --- | --- |
| Event |  |
| Location (City, State, Country) |  |
| Brief Description  (50 words) |  |
| Total Amount Requested |  |
| Date Needed |  |
| Faculty Name |  |
| Department/School |  |
| Campus Address |  |
| Telephone Extension |  |
| Email |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. Chair/Exec. Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Travel Support Package review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORSP

Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost and Vice President for Academic Affairs

**Travel Request**

*Note that individual requests for travel support through the ORSP follow the same approval and reimbursement procedure as grant-funded travel.* ***All University travel documents, with necessary approvals, must be submitted along with requests for travel support or the request will not be processed.*** *Travel expenditures must comply with the policies and procedures set forth in the Kean University Travel Manual.*

Attach your request here, limited to a ***maximum of two pages***. Include the following sections:

1. **Narrative**

Describe the reason for the travel, how it relates to your research or teaching, and the expected outcomes if support is granted.

1. **Link to University Mission, Program Goals, and Student Learning Outcomes (SLOs)**

Describe how the expected outcomes support the University mission outcomes and how this activity is linked to specific Program Goals and Student Learning Outcomes.

1. **Evaluation/Assessment Process**

Describe the assessment process you will use to determine whether the expected outcomes have been achieved, including the measures and timeline. Not that, if funded, you will be required to submit an assessment report.

1. **Teaching**

Describe how your courses will be covered during your absence.

1. **Budget**

Use the attached form to detail budget requests. *The budget form does not count in the two page maximum limit*

**Travel Request**

Describe the items being requested in detail (attendance fees, transportation, hotel, meals, etc.) and the amount requested for each item. Indicate how each amount was estimated.

1. **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty \_\_\_\_\_\_ Staff \_\_\_\_\_\_ Student \_\_\_\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Description | Amount | Estimate based on |
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1. **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty \_\_\_\_\_\_ Staff \_\_\_\_\_\_ Student \_\_\_\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Description | Amount | Estimate based on |
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1. **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty \_\_\_\_\_\_ Staff \_\_\_\_\_\_ Student \_\_\_\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| Description | Amount | Estimate based on |
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**TOTAL AMOUNT REQUESTED $ \_\_\_\_\_\_\_\_\_\_\_**