Travel Cover Sheet

Name		
De	partment	
Со	llege / School / Department	
Da	tes of travel	
1.	Budget where the funds will come from to support travel Account # Are the funds coming from a grant? Yes No (Attach grant)	
2.	Are classes or work responsibilities of the individual travelling covered during the time of travel? Yes (By Whom) No (Please explain)	
3.	Is this travel, in your estimation, being used to further the professional growth of faculty, enhance a program, support research that is germane to the work / effort of the faculty, or other academic / professional research you deem appropriate? Yes No Please Explain	
4.	Do we anticipate a formal presentation / paper from the individual traveling subsequent to their return? Yes No	

5.	Are you aware of any concerns pertaining to budget, mission of school, departmental needs, long term plans of faculty, associated with this travel request?		
	Yes (Please Explain)		
	No		
6.	5. Are there any written stipulations or promises regarding such travel? If so, please attach to this cover sheet.		
I approve or deny		travel request	
De _l	partment Chair (if appropriate)	Date	
Dea	an	Date	
Pro	vost or Designee	Date	
*	is decument complements the NICLI evicting two		

^{*}This document complements the NJCU existing travel policy (Effective January, 2013)