

MENNONITE COLLEGE OF NURSING
at ILLINOIS STATE UNIVERSITY
Conference/Travel Budget Request - FY09

Name of Conference _____

Conference Location _____

Dates of Conference _____

Reason for Attending _____

Requested Expenses:	Standard Rate (if applicable)	# of Days/Miles(if applicable)	Total
Conference Registration Fee			
Travel Expense to Conference			
Airfare			
Mileage	0.505		\$0.00
Other-please describe			
Ground Transportation while attending Conference			
Taxi			
Other-please describe			
Lodging			
Meals - Within the State - per diem rates	\$28.00/day		\$0.00
Meals - Out of the State - per diem rates	\$32.00/day		\$0.00
Other-please provide description of expense			
Total Requested to Attend Conference			<u>\$0.00</u>

Requested By: _____ **Date:** _____

Approved By: _____ **Date:** _____

This form is used to request financial support to attend a conference/seminar/professional meeting.