

FP&M Professional Development & Travel Request Form

1. Complete all sections of this form and collect necessary approvals. **Please note: Incomplete forms will be returned.**
 - NOTE: If you are self-registering for free learning events through the Office of Talent Management (OTM) Catalog, you do not need to complete this form. However, you MUST notify your supervisor.
2. Completed forms and supporting materials should be submitted to **FP&M HR/Training Email** at training@fpm.wisc.edu.
3. All necessary approvals must be secured before travel arrangements are made.



(1) JUSTIFICATION FOR PROFESSIONAL DEVELOPMENT	
Name:	
Title:	
Email:	Phone#:
<i>Justification for request as it relates to job duties and how it will benefit both the employee and the University:</i>	
LOGIN INFORMATION – IF REQUIRED FOR REGISTRATION	
Username:	
Password:	

<input type="checkbox"/> COURSE (2184) or <input type="checkbox"/> CONFERENCE (2840/2841)		
Event Title:		
Event Date(s):	Time:	
Vendor web link:		
Event Address:		
City:	State	Zip:
<input type="checkbox"/> MEMBERSHIP (3730) <input type="checkbox"/> SUBSCRIPTION (3720)		
<input type="checkbox"/> CERTIFICATION - <input type="checkbox"/> EXAM - <input type="checkbox"/> CREDENTIAL (2623)		
<input type="checkbox"/> RENEWAL	Expires on	<input type="checkbox"/> NEW
Title/Type:		
Issuing Agency:		
Certificate/License/Membership #:		

(2) EXPENSES AND FUNDING – **An exact amount or best estimate is REQUIRED. If field is not applicable, mark the field with a zero.					
Registration/Fees**	Transportation**	Lodging**	Meals**	Misc.**	Total Cost**
\$	\$	\$	\$	\$	\$
Funding Source Code**	Fund:	Department ID: 71 -	Program:		

(3) JUSTIFICATION FOR TRAVEL EXPENSES – You are strongly encouraged to work with your FP&M travel coordinator to make travel arrangements.	
Date of Departure:	Date of Return:
Travel by: <input type="checkbox"/> Air <input type="checkbox"/> Rental Car <input type="checkbox"/> Fleet <input type="checkbox"/> Personal Car <input type="checkbox"/> NA	
For travelers only: This trip needs to be approved for the following reason(s):	
<input type="checkbox"/> Travel is essential & necessary for employee to perform duties.	<input type="checkbox"/> The employee is a conference presenter or panelist.
<input type="checkbox"/> The business could not be accomplished through other means (e.g. teleconference).	
<input type="checkbox"/> There were no alternative sites closer to campus that would result in lower travel costs.	
<input type="checkbox"/> This trip could not be postponed or canceled without significant fiscal consequences.	
<input type="checkbox"/> Other (please explain):	

(4) REQUIRED APPROVALS	
For professional development/training (total cost \$499 or less)	Employee (Traveler), Supervisor/Manager & PP-Directors
For professional development/training (total cost \$500 or more)	Employee (Traveler), Supervisor/Manager, PP-Directors & PP-Executive Director
In-state travel/training for university business	Employee (Traveler), Supervisor/Manager & PP-Directors
OUT-OF-STATE TRAVEL/TRAINING for university business	Employee (Traveler), Supervisor/Manager, PP-Directors & FP&M Deputy AVC <small>(Tennessee)</small>
As a traveler, you are responsible for complying with all UW travel policies & procedures. Failure to do so may result in being personally responsible for some or all expenses. You can learn more at http://www.bussvc.wisc.edu/acct/policy/ppindex.html .	
By signing this form, I agree to follow all applicable UW travel policies and procedures.	
Traveler Signature: _____	Date: _____

Approval Requests	Printed Name (Directors may circle your name)	Signature	Date
Supervisor/Manager:			
PP-Directors:	Christopher McMahan, Missy Nergard, Margaret Tennesen, Patrick Kass		
FP&M Deputy AVC:	Margaret Tennesen— Deputy AVC <i>(Signature REQUIRED for out-of-state travel)</i>		

Training Office Use Only						
Data Entry		Registration			Payment	
<input type="checkbox"/> Scanned in P:\FP&M RequestForms	<input type="checkbox"/> Web	<input type="checkbox"/> Email	<input type="checkbox"/> Scan	<input type="checkbox"/> ProCard	<input type="checkbox"/> Direct Payment	<input type="checkbox"/> Funding Transfer
<input type="checkbox"/> OHRD Entry	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> Other (Explain)		
Date/Initials:	Date of Registration:			Date of Payment:		