

# FP&M Professional Development & Travel Request Form

- 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.
- Completed forms and supporting materials should be submitted to **FP&M HR/Training Email** at [training@fpm.wisc.edu](mailto:training@fpm.wisc.edu).
- 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 – <b>**An exact amount or best estimate is REQUIRED. If field is not applicable, mark the field with a zero.</b>					
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 & Director
For professional development/training (total cost \$500 or more)	Employee (Traveler), Supervisor/Manager, Director & Core Leadership
In-state travel/training for university business	Employee (Traveler), Supervisor/Manager & Director
<b>OUT-OF-STATE TRAVEL/TRAINING</b> for university business	Employee (Traveler), Supervisor/Manager, Director, Core Leadership & FP&M Deputy AVC (Tennessee)
If you are traveling, 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 <a href="http://www.bussvc.wisc.edu/acct/policy/ppindex.html">http://www.bussvc.wisc.edu/acct/policy/ppindex.html</a> .	
<b>By signing this form, I agree to follow all applicable UW travel policies and procedures.</b>	
Traveler Signature: _____	Date: _____

Approval Requests	Printed Name (Directors may circle your name)	Signature	Date
Employee:			
Supervisor/Manager:			
Director:	Kris Ackerbauer, Pam Barrett, Kurt Beilman, Mike Hanson, Craig Mayer		
Core Leadership:	James Bogan		
FP&M Deputy AVC:	Margaret Tennessee— 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"/> ProCard	<input type="checkbox"/> Direct Payment
<input type="checkbox"/> OHRD Entry	<input type="checkbox"/> Email	<input type="checkbox"/> Scan	<input type="checkbox"/> Funding Transfer
	<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:	