INDIANA TECH

Ph.D. Adjunct Faculty Conference Fee Reimbursement
PRE-APPROVAL FORM

Faculty Name: _____

Name of Conference: _____

Location: _____

Title of Presentation or Panel: _____

_____

Date(s) of Attendance: _____

Please indicate your participation type:

☐ I'm presenting on my own.   ☐ I'm presenting alongside one or more Ph.D. students.

REQUIRED DOCUMENTATION PRIOR TO CONFERENCE
Please include the following documentation with this request form in order to be pre-approved for reimbursement:
- Proof of conference presentation acceptance.
- A receipt indicating the amount of conference registration fee paid.

REQUIRED DOCUMENTATION AFTER CONFERENCE
Please include the following documentation after the conference in order for reimbursement to be processed:
- A completed reimbursement form.
- Proof of conference attendance and participation.

Faculty Signature: _____   Date: _____

Please submit completed form and required pre-approval documentation to the Ph.D. Administrative Assistant for processing.

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Office Use Only

Approved_____ Denied_____

Amount approved: _____

Director Signature: _____   Date: _____