

Guidance for Requests for College Travel Support

Full Time Faculty members at the University of Kentucky College of Dentistry may request supplemental funds from the Departments of Oral Health Science and Department of Oral Health Practice to use for travel to attend, present research/quality improvement project findings or represent the college in various administrative roles at regional or national meeting. Priority for support would be used towards work that promotes the national reputation of excellence of the University of Kentucky College of Dentistry. Approval of funding will be contingent upon the availability of funds from the Department's budget as well as support from the division from which the faculty is a member of.

Please be aware of the following before submitting a request for Academic Travel Support Funds:

1. Award will support travel to a nationally or regionally recognized meeting in that individual's specialty of dental practice.
2. If the Individual is presenting, it has to be original research/scientific/quality improvement findings as first author
3. Priority will be given to presentations at the National specialty meeting followed by regional and society meetings.
4. Prior to submission to the Department Chair's administrator, the College of Dentistry Travel Support form should be completed showing estimated amount of support for each cost center. The Request for College Travel from Departments must show amount of funded support by the division along with the Division Chief's approval.
5. All other funding sources (grants, conference travel funds offered by the meeting or society, other UK internal fund sources, etc.) must be exhausted or otherwise unavailable.
6. A maximum of \$3,000 for an Assistant Professor rank, \$2,500 for an Associate Professor and \$2000 for a Professor Rank may be requested within one fiscal year.
7. The amount requested is not guaranteed and is approved at the discretion of the department Chair based on available funds.
8. To assist with budgeting for these additional funds each year, requests should be made as far in advance as possible, ideally before Sept 1 for travel in the said Academic year
9. Past Academic travel support requests will be taken into account when current requests are being reviewed for appropriateness, and subsequent approval.



College of Dentistry Travel Approval Form

Traveler's Name _____

Date _____

EVENT INFORMATION

Faculty

Staff

Student

Title of Event	Purpose of the travel		
Dates of Event	Is personal travel included?	Yes	No
Event Location	Please explain personal travel:		

****Any travel including personal travel must be purchased by the traveler and can be reimbursed for the business portion of the trip****

Event Registration

Estimated Amount \$ _____

To be completed by _____

Business Office

Traveler

Website	Early bird deadline
Login Username	Log in Password

Please remember if UK pays for your registration, an agenda must be provided upon your return.

Hotel

Estimated Amount \$ _____

To be completed by _____

Business Office

Traveler

Check in	Check out	Bed Preference	King	Double	Any
Sharing Room	Yes No	UK	NON-UK	Sharing with whom?	
Confirmation #	Rewards #				
Hotel detail in order of preference					
1 Hotel Name	1 Phone #/Website				
2 Hotel Name	2 Phone #/ Website				
3 Hotel Name	3 Phone #/Website				

Air Fare

Estimated Amount \$ _____

BUSINESS OFFICE MUST CREATE A COST COMPARISON IF YOU BUY YOUR OWN TICKET

Departure Date	Departure Time	Preferred Airline
Return Date	Return Time	Rewards number

PREFERRED FLIGHTS:

Other Expenses

Estimated Amount \$ _____

To be completed by _____

Business Office

Traveler

Per Diem \$	Miscellaneous \$
Rental Car \$	Number of Miles
Motor Pool \$	(Attach MapQuest or Google Maps with to and from addresses)

ACCOUNT NUMBER ESTIMATED AMOUNT \$

_____	\$ _____	Traveler Signature _____	Date _____
_____	\$ _____		
_____	\$ _____		

College Approval _____

Date _____

Supervisor Signature _____

Date _____

GRANT FUNDING ONLY

PI Approval Signature (Grants only) _____

Date _____

Benefit to the project: (REQUIRED) This statement certifies that the Principle Investigator has verified this travel and it is directly related to the scientific aims and/or the research strategy of this project.

College of Dentistry
Request for College Travel Support from Departments of Oral Health Practice/Oral Health Science
Travel Period: July 1, 2023 to June 30, 2024

Faculty Name	
Name of Meeting or Event	
Date(s) of Travel	
Location	
Faculty's Role (i.e., presenter, moderator)	
Type of Presentation/Meeting	

ESTIMATED EXPENSES:		Amount of support by Division
Registration		
Airline/Mileage		
Lodging		
Meals		
Taxi/Rental		
Total	Total \$	\$

AMOUNT APPROVED BY CHAIR

Faculty Funding Priority Scale – Please check the category that best fits your request				
Description	Higher priority at top	Percent Sponsorship Assistant Professor	Percent Sponsorship Associate Professor	Percent Sponsorship Full Professor
• Required attendance as a representative for the College*		100%	100%	100%
• Taking board exams		100%	100%	75%
• Scholarly presentation, mediating or service as committee member at local, regional, national, or international meetings		100%	75%	50%
• Invited speaker at local, regional, national, or international meetings: No honorarium		100%	75%	50%
• Attending board review courses		100%	75%	50%
• Attending local, regional, national, or international meetings as an officer of the organization		100%	75%	50%
• Presenting a poster		100%	50%	50%
• Accepting an award		75%	50%	50%
• Attending local, regional, national or international meetings		75%	50%	50%
• Presenting CE and receiving honorarium that covers costs		0	0	0

*Examples: ADEA Council of Faculty and other administrative offices, Exan summit meeting, etc.

All faculty will receive a \$500 base allotment for travel/CE courses. Costs above the base allotment will be paid out-of-pocket according to the chart above. The **yearly** limit on College contributions will be \$3000 for Assistant Professors, \$2500 for Associate Professors and \$2000 for Full Professors, but College contributions above the \$500 are subject to approval and budget constraints.

Other sources of funding must be considered first (i.e. COHR, endowment funds, division funds, etc.). If the meeting is to present research, funds should be used from the grant. The Chair will review requests and make a decision based on the Priority Scale, impact on the development of the faculty member, benefit to the College and availability of funds. Requests **must be submitted by September 1** for consideration and at least 60 days in advance and approvals are subject to available funds.

Approval	
Signature (Division Chief/Program Director/Chair)	Date