

CFAES BUSINESS OFFICE, COLUMBUS
PROFESSIONAL PRESENTATION SUPPORT FORM

Support for is for Extension Org and Funds only, not for OSP projects or other funding

PURPOSE: Used to request support from Extension Administration for presentations paid on Extension funds after the presentation has occurred.

DETAILS: Support is on a calendar year rotation and is limited to a maximum \$300 per employee or presentation per year. This support may be split between multiple presenters.

FUNDING: Actual travel costs and travel reimbursement: Preapproval should be received before the travel occurs. See travel procedures for appropriate process. Reimbursement for travel expenses should be submitted within 90 days from the end date of the trip. Following approval and reimbursement submissions, individual employees will be reimbursed in a timely manner up to the level of approved funds. However, the amount for professional presentation support will not be transferred into that Unit's account until after Jan 1 of the following year.

Presentation Support: Support is provided in January of each year for previous year's presentations. Support from Administration will be transferred to the department fund number used to reimburse travel expenses already paid to the traveler. *Note* : If a presenter is not requesting a travel reimbursement he/she should attach a brief note to this form explaining that no travel reimbursement will be submitted.

SUBMISSION: This Presentation Support Form and all Travel Reimbursement Forms must be submitted by January 15th. **There are no exceptions to this deadline!** *Note:* Please don't staple your Presentation Support Form to your Travel Forms. Fax Support forms to: 614-688-0529 or email: michel.5@osu.edu with signed and completed form.

Employee Name _____

Unit Name _____

Conference Name or Professional Association Meeting Name _____

Date(s) of Meeting _____ **State where meeting was held** _____

Title of Presentation _____

Actual Total Travel Expenses _____

Co -Presenter(s) _____

Protocol Number (if applicable) _____

Org # **Fund #** **Acct #** **Program** **User Def** **Project** **T # (if known)**

Approvals

Employee Signature: _____