**Professional Association Meeting – Request for Funds**

Please Check One to Signify Funding Source

New Employee **First Time**National Association Meeting, Request for Funds (up to $2,000 available)

Annual National Association Meeting, Requestfor Funds

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Educators are eligible for up to $500 per year for travel and registration costs, July 1 through June 30, to support attending the national meeting for their corresponding state association. Up to an additional $500 is available in the following cases:

• Educators who submit a proposal and are selected through a review process to present a scholarly output at the national meeting will receive an additional $500 toward attendance costs. These generally are presentations such as posters, oral presentations, and/or papers. If there are multiple authors on the presentation proposal, the $500 is given to just one author, generally the primary author on the proposal. Please attach the acceptance notification to the “Request for Funds” submission.

• Educators who are elected or appointed to a leadership role in their Professional Association that requires attendance at the national conference may receive an additional $500 toward attendance costs (i.e. being elected to an officer position in their national association). Appropriate leadership roles for this financial support will be identified by the respective state associations. Attach documentation of the leadership role to the “Request for Funds” submission.

**Guidelines for Submission**

* E-mail this request for funds to your supervisor 2 to 3 weeks prior to the early bird registration deadline.
* E-mail indicating approval will be sent to the employee and the Extension Accounting Associate.
* P-card can be used for appropriate expenses within the approved amount. **It is the employee’s responsibility to ensure expenses on the p-card do not exceed the amount approved.** Other approved trip expenses will be reimbursed to the employee following the conference.
* The required training documentation form must be submitted to the Capacity Building Team within 6 months of the meeting.
* Please be sure that any travel outside of your assigned work area is approved through the [UWE Official Leave](https://wyoextension.org/employee_resources/forms-requests/leave-request/) process, and that [UW Travel Documentation](https://www.uwyo.edu/travel/index.html) is also completed if going out of state. In most cases, you will need to complete both of those for in-depth training opportunities.
* If you are sharing expenses with colleagues (i.e. splitting a hotel room at the same conference, sharing mode of travel, etc.), please attach a spreadsheet to your WyoCloud expense report identifying an expense breakdown for members of the group.
* **You are responsible for making all travel and training arrangements and handling expenses in accordance with UW Extension policy**. Call 307-766-3562 if you need assistance.
* At this time, eligible meetings identified by respective state associations include:
* 4-H: NAE4-HYDP – National Association of Extension 4-H Agents
* CVH:
* NACDEP – National Association of Community Development Extension Professionals
* CDS – Community Development Society
* NEAFCS – National Extension Association for Family and Consumer Sciences
* SNE – Society for Nutrition Education
* ANR
* SRM – Society for Range Management
* ANREP – Association of National Resource Extension Professionals
* NACAA – National Association of County Agricultural Agents

**Employee Name:**

**Association Title:**

**Location of Meeting: Date(s):**

**Approximate Expenses:**

|  |  |
| --- | --- |
| **Expense** | **Amount** |
| Registration |  |
| Transportation Expenses (including tolls) |  |
| Lodging |  |
| Meals ([per diem](https://www.gsa.gov/travel/plan-book/per-diem-rates?compositeLink=%7BEC19F7FD-4B27-40F7-ADFB-978D0A0C43E2%7D&compositeLink=%7BEC19F7FD-4B27-40F7-ADFB-978D0A0C43E2%7D&overlay=%7BAC62976B-9C64-4121-A13E-9028FE41C7F1%7D&keyword=1LF2SO3GL&utm_medium=earned_social), or other estimate if single day) |  |
| Total Cost: |  |

**Other funding sources and approximate amounts, if applicable (grant dollars, county funds, etc.):**

|  |  |
| --- | --- |
| **Source** | **Amount** |
|  |  |
|  |  |
|  |  |

**Amount Requested from UW Extension:**

**For Office Use Only**

**\_\_\_\_\_\_\_\_** The request has been approved in the amount up to $\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_** The training request has been denied. **Rationale:**

**Supervisory Approval by** (Print)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 5/20/2025