BMCC

Academic Affairs

MEMORANDUM

To: Full-time Teaching Faculty

From: Erwin J. Wong, Provost and Senior Vice President

Subject: Support for First-time Presenters

Date: July 2024

Since the spring semester of 1999, the college has provided supplemental funds to support faculty development.

Support for First-time Presenters
In addition to the current $500 reimbursement to conference attendees, the college supports up to $500 ($1,000 maximum) for first-time presenters (during their employment at BMCC) who speak at professional conferences in their field.

Full-time faculty members must seek and obtain prior approval from the Provost/Senior Vice President of Academic Affairs.

Please note the following:
• Funds are limited and are allocated on a first-come, first-served basis.
• Documentation of first-time presentations is required for reimbursement.
• Support for First-time Presenters and Support for Professional Leadership Activities cannot be used for the same trip.
• Standard travel regulations and policies must be followed.

EW:ej

BMCC
Academic Affairs

Borough of Manhattan Community College   199 Chambers Street
The City University of New York   New York, NY 10007-1097
www.bmcc.cuny.edu   tel. 212-220-8320
   fax 212-220-8319

OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST

First-time Presenter Travel Fund Request

Name: _____ Title/Rank: _____

Department: _____ Office: _____ Tel: _____

Purpose of Trip: _____

Class Coverage: Course _____ Sec.: _____ Days/Time: _____

   Name of Substitute: _____

Itinerary—Arrivals/Departures

Destination:

   Departing from (city/state): _____ (on) Date: _____ (at) Time: _____

   Arriving at (city/state): _____ (on) Date: _____ (at) Time: _____

Return Trip:

   Departing from (city/state): _____ (on) Date: _____ (at) Time: _____

   Arriving at (city/state): _____ (on) Date: _____ (at) Time: _____

Itemized Expenses

Lodging _____ days @ $ _____ / day $ _____
Meals _____ days @ $ _____ / day $ _____
Conference Registration Fees $ _____
Air/Train Transportation $ _____
Taxis and Local Travel $ _____
Misc. Expenses $ _____

Total Itemized Expenses $ _____

Less PSC-CUNY or Grant Funding $ _____

Funds Requested $ _____

Emergency Contact Information

Name:_____Tel.:_____Email:_____

_____
Signature of Traveler

_____
Date

Authorization

Amount approved and allocated from PSC-CUNY funding: $_____   Grant funding:_____

Amount requested from First-time Presenter Fund $_____

Department Chairperson: _____

Chairperson's Signature: _____   Date: _____

Provost (signature) _____   Date: _____