



Academic Affairs

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8320
fax 212-220-8319

MEMORANDUM

To: Full-time Teaching Faculty
From: Erwin J. Wong, Provost and Senior Vice President *EW*
Subject: Support for Professional Leadership Activities
Date: July 2024

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

Support for Professional Leadership Activities

In addition to the current \$500 reimbursement to conference attendees, the college supports up to \$750 (\$1,250 maximum) for travel to professional meetings and conferences that result from a full-time faculty member's election and/or appointment to a professional board or committee (national or regional).

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 professional leadership activities 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



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OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST

Leadership Activities 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 Leadership Activity Fund \$ _____

Department Chairperson: _____

Chairperson's Signature: _____

Date: _____

Provost (signature) _____

Date: _____