




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: Liesl B. Jones, Interim Provost 

Subject: Support for First-time Presenters

Date: September 2025

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 \$1,000 reimbursement to conference attendees, the college supports up to \$500 (\$1,500 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.

LBJ:ej



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OFFICE OF PROVOST AND THE SENIOR VICE PRESIDENT

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: _____