




**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 Professional Leadership Activities

Date: September 2025

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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 \$1,000 reimbursement to conference attendees, the college supports up to \$750 (\$1,750 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

LBJ:ej



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**OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST**

**Leadership Activity Funds – Travel 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 for Leadership Activity funds: \$ \_\_\_\_\_

Department Chairperson: \_\_\_\_\_

Chairperson's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provost's (signature) \_\_\_\_\_

Date: \_\_\_\_\_