

Request for Travel Funds

Please save this form to your computer **first**, then fill out & email it **to your department**.

Name: _____ Title: _____ ID # _____

Address: _____

Email: _____ Phone: _____

Name of Conference/Event/Archive:

Presentation Title:

Total Requested:

Purpose of travel

| | |
|---|---|
| | |
| Specific Destination: | |
| Travel Dates: | _____ to _____ |
| If you have more than one travel request this year, what is this trip's priority? | 1 st choice 2 nd choice 3 rd choice 4 th choice |
| | |
| Registration: | _____ |
| Airfare | _____ |
| Rental Car | _____ |
| If using personal vehicle, estimated mileage: | _____ miles @ .535¢ per mile = _____ |
| Parking / Shuttle / Taxi or other transportation costs: | _____ |
| Lodging expenses: | _____ |
| Meal Expenses based on Per Diem rates: (Grants require receipts) | _____ |
| Do you have other sources of funding? | If yes enter amount: Source: _____ |

| | | | |
|---|----------|--------|------------------|
| Approval (completed by department) | Approved | Denied | Amount approved: |
| Signature of Chair / Acct Holder: _____ | | | |