

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 @ 67¢ 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: _____			