



## FACULTY TRAVEL AWARD APPLICATION FORM

Today's Date: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Conference / Meeting / Event: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Location of event: City, State: \_\_\_\_\_

Your trip start date: \_\_\_\_\_ Your trip end date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Amount of funds available from other source(s): \_\_\_\_\_

Please describe briefly how the conference / meeting / event will benefit your career development

Estimated Expenditures	Explanation of Expenditure or Name of Vendor	Amount	Prepaid
Registration Fee			
Airfare <i>(only coach class is reimbursable)</i>			
Hotel/Lodging			
Car Rental			
Taxi/Shuttle			
Per Diem			
Other _____			
<b>Estimated Total Cost</b>			

**Amount Approved:** \_\_\_\_\_

\_\_\_\_\_  
Faculty Requestor's Name (Type/Print)      Date

\_\_\_\_\_  
Academic Senate President Approval      Date