



FACULTY TRAVEL AWARD APPLICATION FORM

Today's Date: _____

Name of Traveler: _____

Department: _____ E-mail: _____

Telephone #: _____

Name of Conference / Meeting / Event: _____

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 _____			
Estimated Total Cost			

Amount Approved: _____

Faculty Requestor's Name (Type/Print) Date

Academic Senate President Approval Date