Request for Travel Funds – Faculty

Submit completed form to Graduate Program Specialist for processing. Department may only be able to fund only a portion of total requested. Faculty must also submit the VPAA-150.

Name:	Employee ID:
Email:	Phone:

Purpose:

Include full name of conference (not just acronym). If you are a presenter, provide a copy of the paper you'll be presenting to dept. chair. Include any other information to support your request.

Destination:	Trip Dates:
Estimated Expenses:	
Airfare: \$	Rental Car: \$
Lodging: : \$	Meals: \$
Parking: \$	Rideshare/taxi: \$
Registration: \$	
Other misc. expenses	
Description:	Estimated Cost: \$
Booking in Concur? Yes No	Total Requested: \$
	orward to Travel Assistant in the CLASS Dean's Office f om that point, you will work directly with Travel Assist
FOR ADMIN USE:	
Chartstring 1:	Amount: \$
Chartstring 2:	Amount: \$
Chartstring 3:	Amount: \$