TRAVEL COMMITTEE REQUEST

Submit requests to the Travel Coordinator (202 Fenton) AT LEAST 6 WEEKS prior to your departure and by MARCH 10 if the trip begins before June 30. The Travel Coordinator will forward your request to the Travel Committee.

Date of Request __________ Name ______________________________ Rank ______________________________
Destination ______________________________ Dates ______________________________
Name of Meeting and Organization ____________________________________________________________

NATURE OF PARTICIPATION: (Check appropriate category)

1. PAPER __________________ Title __________________
   Length (minutes) __________ Appearance on program confirmed (Y/N) _____________________________
   Was the paper invited _____ Submitted and accepted _____ Self-placed _________________________

2. OTHER INVITED ACTIVITY __________________________________________________________________

3. ATTENDING ONLY _______ Justification: __________________________________________________________________

4. EXPLAIN THE SCOPE AND SIGNIFICANCE of the proposed activity. Enclose a copy of your invitation to participate.
   ______________________________________________________________________________________

COSTS:

1. Travel: Ambassador, Away, Premier, Peak (circle one used) $ ________________________________
   Ground Travel $ __________________________ Registration $ __________________________
   TOTAL $ ________________________________

2. Explanation, if necessary: __________________________________________________________________

OTHER SOURCES OF FUNDING:

1. Do you have travel funds on a grant, contract, etc.? __________________________________________________________________________
   Attach a statement of account balance.

2. Does your professional organization have funds to help defray your expenses? __________________________________________________________________

3. Has Faculty Travel funded you for this fiscal year? ____________ When? __________________________________________________________________

Applicant's Signature ______________________________ Date: ______________________________

COMMITTEE RECOMMENDATION: (Include amount approved and any other pertinent information).

____________________________________________________________________________________

Approval ______________________________ Date: ______________________________

(Revised 8/19/15)