

**COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
APPLICATION FOR TRAVEL FUNDING**

THIS FORM IS TO BE USED BY SBS FACULTY AND STAFF FOR ALL TRAVEL REQUESTS. Applicants must sign and date application. Funds will only be committed after the application has been reviewed and signed by the Chair/Director and/or Dean. Dean's funds are limited to faculty who are traveling and presenting internationally. Criteria for Provost's funding are available from department travel specialists and the Dean's Office.

Specify funds requested: Dept: Dean: Provost:

Name of Traveler: _____ EmplID/LouieID (or SSN): _____

Departure Date :(*xx/xx/xxxx*) _____ Return:(*xx/xx/xxxx*) _____

Purpose (present at specific conference or workshop, do research, etc.) _____

Destination/Location (City & State or Country) of Travel _____

Driving University Vehicle? Yes No Personal Vehicle? Yes No Dr Lic #, if driving? _____ State _____

Are you requesting airfare/registration advance? Yes No Cash advance? Yes No

(Airfare and registration advances need not be justified.)

Cash advances are restricted to *extenuating circumstances*. Please attach memo with justification.

Estimated Budget -- enter the full amount you expect to spend, not just the amount for which you are asking.

Conference Registration \$ _____

Mileage

Miles (round trip) _____ x .445/mile = \$ _____

Per Diem

Rate \$ _____ x # of days _____ = approx. \$ _____

Public Transportation Air: \$ _____ Taxi: \$ _____

Bus: \$ _____ Shuttle: \$ _____ Other: \$ _____

Lodging

_____ Nights @ \$ _____ per night = \$ _____

Rental car- Estimated rental cost \$ _____

Other -- includes parking fees, business-related telephone calls & faxes, etc. Does not include copying, supplies, etc.

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

TOTAL ESTIMATED EXPENSES \$ _____

Applicant's Signature:

Date: _____

Dept. Chair/ Director's Signature:

Date: _____

List all other travelers from this department whom you believe will also be attending this function.

1 _____

2 _____

3 _____

4 _____

List all other funding sources and amounts either requested or already received.

Requested from Dept. _____

Amt. Allotted \$ _____ Agency/Orgn _____

Requested from _____

Amt. Req. \$ _____ Rcvd? Yes No Unknown

Requested from _____

Amt. Req. \$ _____ Rcvd? Yes No Unknown

DEAN'S USE ONLY

Amount awarded by Dean: _____

Amount awarded by Provost: _____

Area Orgn: _____

Signature: _____

Date: _____

Distribution after approval: Business Manager, Sr./Department