

DEPARTMENT OF SOCIOLOGY & SOCIAL WORK REQUEST FOR TRAVEL FUNDING

This form is to be used by SSW faculty, staff and students for all travel support funding requests from the Department. This form will also serve as the written request for travel dates in lieu of an email. Applicants must sign and date application. Only completed applications will be reviewed. Applications should be submitted a minimum of 30 days (1 month) in advance of travel. Any use of personal time as part of the trip must be noted. Please work with your travel specialist (Sarah Young) for budget information or any questions on travel policy.

Please complete the following: [] Faculty Student: [] Undergraduate [] Graduate [] Domestic Travel [] International Travel

Name of Traveler: _____ EmplID/LouieID: _____

Phone: _____ E-mail address: _____

Departure Date/Time: _____ Return Date/Time: _____

Purpose (i.e. to present or attend at [list] specific conference or workshop) _____

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

Driving University Vehicle? [] Yes [] No Personal Vehicle? [] Yes [] No

Are you requesting airfare/registration advance OR P-Card purchase? [] Yes [] No Cash advance? [] Yes [] No- Cash advance is restricted to extenuating circumstances and requires a memo with justification attached. Conference hotel rates are allowed to exceed the listed rates which do not include taxes that may be charged. Conference hotel rates must be listed in brochure or on website -submit copy.

Estimated Budget -- enter the full amount you expect to spend, not just the amount for which you are asking. It's better to over-estimate than to underestimate.

Conference Registration \$ _____

University Vehicle - Rate \$30 x #days plus \$0.15/mile = \$ _____

Mileage--personal vehicle use only Miles (round trip)x .445/mile = \$ _____

M & IE - Rate \$ _____ x # of days _____ = approx. \$ _____

Public Transportation -Air: \$ _____ Taxi: \$ _____ Bus: \$ _____ Shuttle: \$ _____ Other: \$ _____

Lodging--include estimated taxes _____ Nights @ \$ _____ per night = \$ _____

Rental car- Estimated rental cost \$ _____

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

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

TOTAL ESTIMATED EXPENSES \$ _____

Applicant's Signature: _____

Date: _____

Major Advisor's Signature: (for students)

Date: _____

Dept. Chair/ Director's Signature:

Date: _____

List all other travelers from this department whom you believe will also be attending this function; state whether Faculty, Staff or Student

- 1 _____
2 _____
3 _____
4 _____

List all other funding sources with the amount requested and the amount approved (or if denied or unknown check appropriate box).

Requested from SSW: \$ _____

Amt. Allotted \$ _____

Requested from _____

Amt. Req. \$ _____ Approved: [] Yes \$ _____

[] No [] Unknown (anticipated date of determination: _____)

Requested from _____

Amt. Req. \$ _____ Approved: [] Yes \$ _____

[] No [] Unknown (anticipated date of determination: : _____)

Applicant/Travel Specialist Checklist

- [] documentation of submission or acceptance to present attached [] N/A
[] other required supporting documentation attached
[] IF personal time involved, comparable expense estimates (e.g., flight quotes)
[] Signed Annual Travel Certification if not already on file for the academic year
[] Defensive Driving Module completed and license registered in LOUIE if requesting mileage or university vehicle

Comments:

