

APPLICATION FOR DEAN FUNDED FACULTY TRAVEL
Please submit this original & documentation to your home Dean

Name: _____

Date: _____

Department: _____

Office Phone Number _____

Sponsoring Organization/Research Institution: _____

Location of Conf/Clinical/Archive: _____

Date(s) of Conf./Clinical/Research: _____

Will your travel involve students? ____ If yes, please attach names, contact information, and signed waivers.

Please indicate briefly the nature of the meeting/conference/event and purpose for attending or Research Plan (Please attach appropriate documentation).

Anticipated Expenses

Lodging: No. of nights x rate = _____

Cost: \$ _____

Meals: *see below x _____ days = _____

Cost: \$ _____

*Per Diem Rates are determined by going to www.gsa.gov

Personal car (mileage x .655) _____

Cost: \$ _____

Air fare

Cost: \$ _____

Other (specify) _____

Cost: \$ _____

Conference Registration Fees: (Normally, Late Fees will not be paid)

Cost: \$ _____

Misc. Expenses: Limited to \$10.00/day (Itemize on your expense report)

Cost: \$ _____

Total: \$ _____

Checklist for Approval

Documentation of paper acceptance etc. attached.

Documentation of conference fee attached.

Documentation of student information.

Research Plan

Signature of Applicant: _____

Endorsement: _____

(Department Chairperson, or Dean if applicant is Dept. Chair)
If you do not endorse, please indicate why.

Signature of Dean: _____

Endorsement: _____

If you do not