

Prepared by:		State Form #		T
APPLICATION FOR ARTS AND SCIENCES TRAVEL FUNDS				
<i>(This form should be filled out and sent directly to the Office of the Dean, 205 South Building, CB 3100).</i>				
NAME			RANK	
PID#		DEPT NAME		
NAME OF MEETING				
PLACE			TRAVEL DATES	
Select One	FACULTY RANK			
<input type="checkbox"/>	Department or Curriculum Chair (\$2,000)			
<input type="checkbox"/>	Tenured or Tenure-Track Faculty, Instructors w/Special Provision (\$1,000)			
<input type="checkbox"/>	Senior Lecturers (\$1,000)			
<input type="checkbox"/>	Lecturers [employed at least one year] (\$750)			
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	Presenting a paper, participating in a panel discussion or presiding over a session?	Title:	
<input type="checkbox"/>	<input type="checkbox"/>	Attending in other capacity?		
		<i>(see regulations for limitations)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	I have \$100,000 or more in grants for this year. If Yes, you are not eligible to receive A&S travel funds.		
<input type="checkbox"/>	<input type="checkbox"/>	Previous trip supported by A&S travel funds this fiscal year?	Amount: \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I certify that I am not receiving reimbursements from another institution for this travel.		

	Estimated Cost	Amount Requested	A&S Approval
Transportation*	\$	\$	
Limousine, Taxi, Bus, Airport Parking			
Registration Fee			
Subsistence (lodging and meals)			
TOTAL COST	\$	\$	
Reimbursable from Other Sources			
Net Funds Requested		\$	

*NOTE: Air travel should be restricted to tourist (coach) class.

SIGNATURES

Applicant _____ Date _____

Department Chair _____ Date _____

Dean's Office
Arts and Sciences _____ Date _____