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

|  | Estimated Cost | Amount<br>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<br>Arts and Sciences | Date            |
| Rev. 06/22/2010                    | Date Submitted: |