

COLLEGE OF ARTS AND SCIENCES TRAVEL GRANT APPLICATION

TRAVEL GRANT APPLICATION

Today's Date: _____ Faculty Title: _____ Email: _____

Name: _____ Extension: _____

Department/Campus Address: _____

Travel Destination: City/State/Country: _____

Please check one of the following: _____ International Travel _____ Domestic Travel

Name and Location of Convention or Meeting: _____

Date of Travel: _____ Return Date: _____

Purpose of trip (present paper, panel member, committee chair, etc.): _____

Estimation of Expenses:

_____	Registration
_____	Airfare/Mileage and tolls
_____	Local Transportation (taxi, bus, metro, parking)
_____	Hotel/Lodging
_____	Meals
_____	Other
_____	Total

Sources of Support: (Please estimate amount each is providing) Amount

_____	Faculty Member's Index	_____	Index Supporting Trip
_____	Department Index	_____	
_____	College Index	_____	
_____	Pres/Prov Fund for Fac Dev	_____	
_____	(Domestic and International Travel)	_____	(Provost Office will complete)
_____	LU Global Initiatives Endowment	_____	
	(International Travel Only)	_____	(Provost Office will complete)

Instructions:

Attach any documentation about the conference or purpose for the trip. This application must be signed by both the Department Chairperson and Dean for commitment of department and/or college funds before being sent to the Provost Office for processing.

Chairperson's Signature Date

Dean's Signature Date

Please send completed application and confirmation of your conference participation to the CAS Dean's Office, Maginnes Hall, #9