

COLLEGE OF LIBERAL ARTS AND SCIENCES
REQUEST FOR SUPPLEMENTAL SUPPORT FOR PROFESSIONAL TRAVEL
(Please submit this form as early in the fiscal year as possible.)

Faculty Member: _____ **Date:** _____

Classification: _____ (e.g., Asst/Assoc Prof, Prof, Instructor)

Department: _____

Dates of Travel: _____

Name of Conference/Meeting: _____

Location: _____ **Role (Presenter, Discussant, Organizer, etc.):** _____

Title of Presentation: _____

Benefits of Travel to the Faculty Member and to Department:

Estimated Costs

Transportation	_____
Registration	_____
Lodging	_____
Per Diem	_____
Other (describe)	_____
TOTAL \$	_____

Support Approved:

Grant/Other Support \$ _____ _____
Fund Advisor

Department
Account No. _____ \$ _____ _____
Chair/Director

College
Account No. _____ \$ _____ _____
Dean, Liberal Arts and Sciences

Graduate School
Account No. _____ \$ _____ _____
Dean, Graduate School