

# REQUEST FOR SUPPORT FOR PROFESSIONAL TRAVEL

(Submit to College Dean or Unit VP for Final Approval)

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Department/College: \_\_\_\_\_

Title: \_\_\_\_\_

Traveler Signature: \_\_\_\_\_

Are you presenting?    Yes    No

Dates of Travel: \_\_\_\_\_

International Travel?    Yes    No

Please register international travel at  
<http://niu-travel.terradotta.com/>

Destination: \_\_\_\_\_

Conference/Organization Name: \_\_\_\_\_

Title of research paper or description of other activities (please limit to two lines or attach additional sheet if necessary)

Is travel over break or weekend?    Yes    No

\_\_\_\_\_  
Name/Contact of person who will perform duties if during work week

Attach a copy of the **proposal** you submitted and the **acceptance letter** from the conference. If you are not presenting, attach a short (one page maximum) narrative describing the benefits of this travel to you, the department and/or the college.

## Estimated Cost

Transportation                    \$ \_\_\_\_\_  
Food, lodging and other expenses    \$ \_\_\_\_\_  
Registration fees                    \$ \_\_\_\_\_  
Total                                    \$ \_\_\_\_\_

## Requested Support

Department                    \$ \_\_\_\_\_  
College                                \$ \_\_\_\_\_  
Grant\*\*                            \$ \_\_\_\_\_  
Other\*\*                             \$ \_\_\_\_\_  
Total                                    \$ \_\_\_\_\_

\*\* Attach a short narrative describing the source of funds and outline with cost center and signatures below.

## Approved Support:

(Please make sure all fund sources are signed off before submitting to your College Dean/Unit VP for final approval.)

Department	\$ _____	_____	_____	_____
		Cost Center #	Department Chair Signature	Date
College	\$ _____	_____	_____	_____
		Cost Center #	College Business Manager Signature	Date
Grants Fiscal	\$ _____	_____	_____	_____
		Grant & Cost Center #	Grant PI or Co-PI Signature	Date
Other	\$ _____	_____	_____	_____
		Other Name & Cost Center #	Fund Advisor/Administrator Signature	Date

## Travel Support Approved:

In accordance with NIU Travel Guidelines and Restrictions (Executive Order 15-08). Request is approved if signed below. If not approved, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Dean/Unit VP Signature

\_\_\_\_\_  
Date

Revised 10/25/19