Travel Grant Application

Today’s Date: ________________

Name: __________________________ Extension: __________________________

Department/Campus Address: __________________________

Destination (city): __________________________

Date of Travel: __________________________

Name and Location of Convention or Meeting: __________________________

______________________________

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

______________________________

Estimation of Expenses:

______________________________  Registration fee
______________________________  Transportation (lowest airfare or mileage/tolls)
______________________________  Local transportation (taxi, bus, metro, parking)
______________________________  Hotel/lodging
______________________________  Meals

______________________________  Total

Other sources of support (Please estimate amount each is providing)

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Instructions:
Attach any documentation about the conference or purpose for the trip. Must be signed by both the chairperson and dean for commitment of department 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 Provost Office, Alumni Memorial Bldg.