

# Request for Travel Support

Name \_\_\_\_\_ Rank:  Asst.  Assoc.  Prof.  Student  Other  
Please print clearly

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ Mailcode \_\_\_\_\_

Department \_\_\_\_\_ College \_\_\_\_\_

Trip Dates \_\_\_\_\_ To \_\_\_\_\_ Students: Were you on contract at time of travel? \_\_\_\_\_

Destination \_\_\_\_\_ Sponsoring Society or Agency \_\_\_\_\_

If this is a professional meeting is it:  State  Regional  National  International

Purpose:  Presentation →  Invited (include copy of invitation)  Volunteered  
 Artistic Exhibition or Performance →  Invited (include copy of invitation)  Volunteered  
 Paper →  Invited (include copy of invitation)  Volunteered  
 Poster →  Invited (include copy of invitation)  Volunteered  
 Officer in Organization; provide detail: \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

Title or Other Information about Purpose: \_\_\_\_\_

Transportation (Estimate)	\$ _____	Per diem:	
Mileage	\$ _____	(\$32/day out of state; \$28/day in state) x _____ =	\$ _____
Airfare	\$ _____		
BART	\$ _____	Miscellaneous Expenses	\$ _____
Hotel/Lodging (Estimate)	\$ _____	Explain: _____	
Registration	\$ _____	<b>Total Estimated Cost of Trip</b>	<b>\$ _____</b>

Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

Funding Available from Grant:			
Fiscal Officer Signature	Date	\$ _____ BP/FAS Acct #	\$ _____ Amount

Department Chair/Director	_____	\$ _____	\$ _____
Additional Information:	Date	BP/FAS Acct #	Amount

Dean, College/School	_____	\$ _____	\$ _____
Additional Information:	Date	BP/FAS Acct #	Amount

Graduate School/Sponsored Projects Administration	_____	\$ _____	\$ _____
Additional Information:	Date	BP/FAS Acct #	Amount

**Faculty:** Submit completed and signed forms, along with attachments, to the Office of Sponsored Projects Administration, Woody Hall, C206, MC 4709.

**Students:** Submit forms and attachments to the Office of the Vice Chancellor for Research and Graduate Dean, Anthony Hall 220, MC 4344.