

**SCHOOL OF ARTS AND SCIENCES
REQUEST FOR AAUP/BOT TRAVEL FUNDS**

Name: _____

Date of Request: _____

Department: _____

Name of Conference/Meeting: _____

Dates of Meeting: _____

Location: _____

Previous Funds requested and Awarded this Academic Year: Yes No

If yes, total amount(s) awarded: _____

Do you hope to present a paper, chair a session, or serve as a paper discussant? Yes No

If yes, please check all that apply: Paper Submitted

Paper Title: _____

- Paper Accepted (**please attach letter**)
- Have been asked to Chair Session (**please attach letter**)
- Have been asked to Serve as Discussant (**please attach letter**)
- Other (please explain): _____

ESTIMATED EXPENSES:

Conference/Workshop Registration Fee:	\$
Transportation (specify type):	\$
Lodging: _____ Nights at \$ _____ per night	\$
Food: \$ _____ Per day for _____ days	\$
Other (gratuities, taxis, parking, etc):	\$
Total Cost of Trip:	\$
Amount Allowed (Please leave blank):	\$

*****Return completed form to Carmen R. Cid -- via Pat Chaves – Webb Hall 259*****

Travel authorizations with documentation and professional leave slips must be completed at least **three weeks prior** to travel date. If travel plans are canceled, please notify the Dean’s Office, so funds can be released for future use.

- Approved New Faculty Funds Wait Listed Please apply for Minority Funding

Comments: _____

Dean’s Signature _____

Date: _____

~PLEASE PRINT OR COPY ON BLUE PAPER~