



### Provost's Travel Fund Request

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

Date: \_\_\_\_\_

Event for which funds are requested and your role (attach your program):

Location and inclusive dates: \_\_\_\_\_

National, Regional, or local event: \_\_\_\_\_

Persons included in expenses listed below: \_\_\_\_\_

**EXPENSES** (\$800 maximum – national; \$600 maximum – regional):

TRANSPORTATION: 11000-2001-71211

Estimated automobile mileage \_\_\_\_\_ @ 55 cents per mile \$ \_\_\_\_\_

**Travel mileage as of February 26, 2009**

Other transportation (taxi, airline, parking) \$ \_\_\_\_\_

LODGING: 11000-2001-71212 \$ \_\_\_\_\_

CONFERENCE REGISTRATION: 11000-2001-71213 \$ \_\_\_\_\_

MEALS: 11000-2001-71202 \$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES:** \$ \_\_\_\_\_

Amount requested in advance: \$ \_\_\_\_\_

**REIMBURSEMENT REQUESTED:**

**Upon completion of your research, attach all (original) receipts** within 60 days of incurring the expense to your copy of the original request and resubmit to the provost's office for final reimbursement.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Provost's Approval