



OFFICE OF THE PROVOST

Application for Travel Funding

Name:	Department:
Dates of Travel:	Destination:
Purpose of Travel:	
Benefit to the University:	
Breakdown of Expenses	
Registration:	Other:
Transportation:	
Per Diem:	
Total Travel Cost:	Total Funding Requested:

By signing below, I agree to provide a brief written report to the Provost's Office within 30 days of return from travel. Any changes to this document must be approved by all signatories.

_____ Applicant	_____ Date
_____ Department Chair	_____ Date
_____ Dean	_____ Date
_____ Provost	_____ Date

Office Use Only – to be completed by
Provost's Office:

Total Funding Approved:

Index(es):

Travel Processed/Signed:

Date Report Submitted:
