

COLLEGE OF ARTS AND SCIENCES TRAVEL REQUEST

Faculty Name: _____

Faculty Rank: Visiting
 Assistant
 Associate
 Full
 Other: _____

Name of Conference(s): _____

Presentation Title(s): _____

Location(s): _____

Dates of Travel: _____

Role: Presenter
 Attendee
 Other: _____

Transportation Costs*:	
Accommodation/Lodging Costs*:	
Registration Fees*:	
Meal Costs*: (not to exceed the per diem for that location)	
Other Costs (explain):	
Total:	

Faculty Signature: _____ Date: _____

Department Chair: _____ Date: _____

CAS Dean: _____ Approved Amount: _____

Comments:

* You may submit close approximations or exact figures.