

Please review the Student Travel Fund Policy before completing this application.

A. General Information

Faculty Sponsor: _____ Department: _____

Phone: _____ Email: _____

Name of Conference/Event: _____

Location: _____

Date(s) of Conference/Event: _____

Type of Conference/Event: Local Regional National International

Travel Dates(s): _____

Means of Travel Air Auto Other _____

B. Requested Expenses

Itemize all anticipated expenses below and please be as specific as possible.

Item Description	Cost

Grand Total Requested Funds: \$ 0.00

What other sources of funding have been requested? If none, leave blank.

Other Funding Sources to Which You Applied	Amount Requested	Request Approved?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

