

## **CLAS Faculty Request for Travel Funds**

Name	Title					
Department						
Date(s) of Trip	Email					
Destination(s)						
Name of Meeting						
Purpose of Travel (check all that appl	ly and attach copy of invitation)					
Keynote Address	Invited Paper					
Conference Paper	Panel Member					
Meeting Organizer	Session Chair					
Committee Participant	Other (explain)					
Please explain selection process for proce	participation: eting is of particular benefit to your research and/or professional					
Title of Presentation						
Faculty & Staff Co-Authors						
Student Co-Authors						
Please indicate any research grants t	hat support the work:					

PROPOSED TRAVEL OTHER THAN TO MEETINGS (e.g., opportunities for access to unique research materials, special collaboration, etc.) Please describe the opportunity in some detail. Additional material can be provided.

## PROPOSED TRAVEL BUDGET

Anticipated Costs:			Source of Estimate/Explanation				
Air Fare	\$	-					
Per Diem (this includes me	\$eals and hotel)	-					
Registration	\$	-					
Miscellaneous	\$	-					
TOTAL	\$	-					
Do you have fu	nds available in y	our startup pa	ckage?	Yes	No		
If so, have you	expended the fu	nds? Yes	No				
	e fill in the first the	•	_		•		7
	nount awarded b			Other C	Name of hair/Director		
Am	nount awarded fr	om the depart	ment or c	enter ( <i>req</i>	uired)		
If you have reco	eived travel fund: purpose:	s from the CLA	S Travel C	ommittee	in the last ye	ear, indicate the	amount,
Amount	Date(s)	of Travel		Purpose			
Please have the	e completed form	n signed by you	ır Chair/Di	rector:			
Chair/Director	Signature					Date	