# Request for Travel Funds – FY 2027

*Submit completed form to School personnel for processing. The School may be able to fund only a portion of total requested.* *Faculty must also submit the VPAA-150.*

Name: Student/Employee ID:

Title: (•) Student ( ) Faculty ( ) Staff Cell:

Purpose:

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*Include full name of conference (not just acronym). If you are a presenter, provide a copy of the paper you will be presenting to your department chair. Include any other information to complete your request.*

Destination: Trip Dates: From: To:

***Estimated Expenses:***

| | | | |
|---|---|---|---|
| Airfare: | | Rental Car: | |
| Lodging: | | Personal Car Mileage: | Miles x 0.7 = $ 0.00 |
| Meals: | Use Per Diem | Parking: | |
| Registration: | | Uber/Lyft/Taxi/Shuttle: | |

Other miscellaneous expenses:

Description: Estimated Cost:

Estimated Cost:

**Total Requested:** $ 0.00

**FOR SCHOOL ADMIN USE**

**School Approved Total:**

**School Approval Signature:**

Chartstring 1: Amount:

Chartstring 2: Amount:

Chartstring 3: Amount:

*If approved, program personnel will forward to the Travel Assistant in the CLASS Dean's Office for preparation of the system travel request.*

Clear Form