

CLA Travel Funding Form Sample Document



College of Liberal Arts

Domestic Travel Funding Request

Date: _____

Name: _____

Department: _____

Purpose of travel: _____

[CLA International travel funding link](#)

International Travel: Yes No If Yes, STOP and fill out the _____ form.

Conference Name: _____ Start Date: _____ End Date: _____

Date(s) of travel: Begin: _____ End: _____

Are you presenting a paper? Yes No If Yes, has the presentation been accepted: Yes No

If No, when are announcements made? Date: _____

Notes (Location, Joint/Co-Presentation, etc.):

Type the full amount needed for the trip

Amount Requested: \$ _____ Is this being funded by multiple departments: Yes No

Signature of Faculty/Staff: _____ Date: _____

Signature of primary department: _____

I acknowledge that this faculty/staff member is requesting funding from

Amount that the home department will cover

Department Funding Amount: \$ _____ Budget Code: _____ Comments: _____

Signature of secondary department: _____ Date: _____

Department Funding Amount: \$ _____ Budget Code: _____ Comments: _____

Signature of additional department: _____ Date: _____

Department Funding Amount: \$ _____ Budget Code: _____ Comments: _____

Signature of Dean: _____

I acknowledge that this faculty/staff member is requesting funding from

Amount that the Dean will cover

Department Funding Amount: \$ _____ Budget Code: _____ Comments: _____