

# Travel Request

Date:

☐

Check box if requesting \$400 from  
CAH faculty travel/research funding

## Traveler Information:

Name:   
Department:   
Phone:

**Max request amount for CAH  
faculty travel/research funding is  
\$400 per academic year.**

## Travel Information:

Destination:   
Leave Date:   
Return Date:

☐ Professional Development Grant ☐ Faculty Research Grant ☐ Undergraduate Research Grant ☐ External Grant ☐ Other

**Purpose for Travel:** ☐ Conference/Seminar ☐ Research ☐ Other

**Will you have an active role?** ☐ Yes ☐ No

Reason for Travel:

## Type of Travel Reimbursement Requested:

Airfare	<input type="text"/>
Lodging	<input type="text"/> # Nights X <input type="text"/> Rate Total: <input type="text"/>
Meals in state	<input type="text"/> # Days X <input type="text"/> Rate Total: <input type="text"/>
Meals Out of State	<input type="text"/> # Days X <input type="text"/> Rate Total: <input type="text"/>
Parking	<input type="text"/> # Days X <input type="text"/> Rate Total: <input type="text"/>
Taxi/Shuttle	<input type="text"/>
Conference/Seminar fees:	<input type="text"/>
<b>Subtotal</b>	<input type="text"/>

## Mileage

FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
			0.52	
			0.52	
			0.52	
			0.52	

Total Amount Requested:

Budget to be used:

Department Head: \_\_\_\_\_ Dean: \_\_\_\_\_