Division of Natural Sciences & Mathematics Travel Application Complete Form

Name:

Title (circle): Adjunct	Full-Time Instructor	Tenure-track Instructor	
Tenured Instructor	Asst. Professor	Assoc. Professor	Professor

Date of last faculty DONSAM-funded travel

Describe how the proposed activity will contribute to your expertise and impact your teaching and mentoring.

Describe how the proposed activity will make a significant contribution to your discipline.

Did you apply for a faculty development grant? If not, why not? If so, what response (if any) have you received?

List all other sources of funding (with amounts) that you may use for the proposed travel.

Which of the following best describes your travel plan?

- □ Attend Conference
- □ Present paper/poster at conference
- □ Chair panel discussion or session at conference
- □ Attend workshop
- □ Moderate workshop
- \Box Meet with collaborators for future presentation/publication.
- Other:

Division of Natural Sciences & Mathematics – Travel Application Complete Form

Date:		_				
Name:		Warrior ID #:	Phone H	Ext.:		
Purpose of Travel (name of n	neeting, event, or	activity):				
Travel Destination:						
Is this an out-of-state confere	ence, internship o	or field trip? Yes No	0			
If out-of-state and not a confe	rence, internship	or field trip, provide out-of-sta	te justification:			
-		e time: ne:				
Student(s)/other travelers:						
(Complete a Stud	ent Travel Authorization for	travel other than cla	ass field trips.		
Advance Requested? Yes	No	Additional Checks Requ (i.e. advanced payment		No ion, etc.		
Estimated Expenses:						
Airfare:	•	eed assistance making your res ease give Admin. Asst. a copy		No ceipt.		
Lodging:		Ask for tax-exempt, government rate. Save check-out receipt and give to Admin. Asst. upon return.				
Per Diem: Meals included in registration Breakfast included at hotel?	n? If so, which or	based on rates here: Per Diem Rate nes? lo				
Mileage:	•	need a car reserved? Yes e driving your own car, license				
Rental/Taxi:		Save taxi/shuttle receipts and give to Admn. Asst. upon return. Note: Tips come out of your per diem.				
Registration:	Provide	Admin. Asst. with a copy of y	our registration rec	eipt.		
Other:						
Source of other funding, if ap	plicable:		Amount: _			
Minimum amount of DONSA	M funding that v	would allow travel:				
Office use only:	_					
Travel Funding:	Approved	_ Rejected				
Amount of funding a	pproved:					
Signature:Committee M	ember	Da	ate:			