

FACULTY TRAVEL FUNDS REQUEST FORM

_____	_____	_____
Faculty Name		Date Submitted
_____	_____	_____
Purpose of Travel	Destination	Dates of Travel

Total Estimated Cost: _____ (Include registration fee, per diem and transportation costs.) *To be reimbursed, air travel must be booked through the official NYS travel agency, Austin Travel (800-783-8234). Please attach air travel receipt to the travel voucher that you submit for reimbursement.*

1. Please explain your planned participation in meetings: 2. **Documentation must accompany this request** (copy of program or abstract)

_____	_____	Recommend ____
Department Chair	Date	Do Not Recommend ____

_____	_____	Recommend ____
Associate Dean for Graduate Programs and Research	Date	Do Not Recommend ____

If NOT recommending, reason:

Final Action

_____ Approved Amount \$500 _____ \$750 _____

_____ Not Approved

_____	_____
Dean	Date