



Application For Travel Funds

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____ Date: _____

Position: _____ Library: _____

Dates of Travel: _____ Destination: _____
(inclusive dates)Purpose (attach documentation i.e. program, fee schedule): _____
_____Role: Presenter ___ Invited Speaker ___ Board Member ___ Committee Chair ___ Committee Member ___ Attendee ___
Other (Please Specify) _____

Estimated Expenses:

Registration: \$ _____ Hotel: \$ _____ Meals: \$ _____

Transportation: Air: \$ _____ Rail: \$ _____ Car: \$ _____ Parking: \$ _____ Taxi/bus/Limo: \$ _____

Other (Please Specify): \$ _____

Total: \$ _____

TO BE COMPLETED BY APPROVER FOR UNIT/LIBRARY ALLOCATION:

Types of travel and amount approved (please check appropriate box and enter dollar amount or % for each box checked):

 Tenured Faculty Allowance (\$300) \$ _____ or _____% Staff \$ _____ or _____% Non-tenured Faculty Allowance(\$600)\$ _____ or _____% Other \$ _____ or _____%

Total Amount Approved \$ _____ or _____%

Signature of Library Director, Associate University Librarian, or Designee_____
Date**TO BE COMPLETED BY APPROVERS FOR SYSTEM-WIDE ALLOCATION:**

Types of travel and amount approved (please check appropriate box and enter dollar amount or % for each box checked):

 Cabinet/Administration \$ _____ or _____% Public Services \$ _____ or _____% Collection Development \$ _____ or _____% Development \$ _____ or _____% Technical and Automated Services \$ _____ or _____%

Total Amount Approved \$ _____ or _____%

Signature of Associate University Librarian_____
Date_____
Signature of University Librarian (Required for requests exceeding \$1,000)_____
Date