



Application For System-Wide 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: \$ _____

RECOMMENDED BY:

Name: _____ Title: _____

Signature of Library Director, Associate University Librarian, or other Administrator Date

TO BE COMPLETED BY UNIVERSITY LIBRARIAN:

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 University Librarian

Date