

**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 (\$400) \$ \_\_\_\_\_ 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