



Application for Unit/Library Travel Funds

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____ Date: _____

Position: _____ Library/Unit: _____

Dates of Travel: _____ Destination: _____
(inclusive dates)

Purpose (attach documentation i.e. program, fee schedule): _____

Do you intend to include personal travel with this trip? Yes or No

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 APPROVERS:

Funding Source:

<input type="checkbox"/> Local	<input type="checkbox"/> Central
Faculty Allowance \$ _____ or _____%	Department Funds \$ _____ or _____%
Department Funds \$ _____ or _____%	UL Funds \$ _____ or _____%
Other \$ _____ or _____%	Other \$ _____ or _____%

Approved for Funding: _____ **Total Amount Approved** \$ _____ **or** _____ %

University Librarian, Associate University Librarian, Library Director, Business Manager, or Designee _____ Date

Approved for Travel:

University Librarian, Associate University Librarian, Library Director, or Designee _____ Date