

FACULTY TRAINING FUNDS (Revised 6-07)
TRAVEL REQUEST FORM

FACULTY MEMBER:

COLLEGE OR ADMINISTRATIVE UNIT:

TRAVEL FUNDS REQUESTED FOR:

Training Event:

Date:

Location:

Travel Dates:

RATIONALE FOR TRAINING REQUEST:

Description of training event:

Importance of participation to:

Curriculum Development

Program Development

College or Administrative Unit

ESTIMATE OF TRAVEL EXPENSES:

Travel

Lodging

Meals

Training Fee

Other (ground transportation, etc.)

TOTAL ESTIMATE OF TRAVEL EXPENSES:

Signature

Date

FUNDING LEVEL REQUEST: (check one)

_____ **A** **70%** **(Participation in training vital to program and curriculum development)**

_____ **B** **50%** **(Participation in training to supplement / enhance current curriculum)**

DEAN/DIRECTOR COMMENTS:

Signature of Dean/Director

Date