

## Child, Youth and Family Studies Faculty/Graduate Student Travel Request

Applicant Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail address \_\_\_\_\_

Employee/Student \_\_\_\_\_ Faculty  
 (check one) \_\_\_\_\_ Staff  
 \_\_\_\_\_ Undergraduate Student (option/major) \_\_\_\_\_  
 \_\_\_\_\_ MS Graduate Student (option/major) \_\_\_\_\_  
 \_\_\_\_\_ Ph.D. Graduate Student (option/major) \_\_\_\_\_

Name of Meeting/Conference \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Are you a member of this group? \_\_\_\_\_ Yes \_\_\_\_\_ No

Location (city, state, country) \_\_\_\_\_

Dates:

Have you received/been approved for Department travel dollars this year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Funder? \_\_\_\_\_ Amount \_\_\_\_\_

**For Faculty Only:**

Please indicate below the amount you have available in each category and the amount you have requested for this trip.

	<u>Amt Available</u>	<u>Amt Requested for this trip</u>	<u>Amt Remaining</u>
Dean's Office	_____	_____	_____
IANR Travel Funds	<u>XXXXXXXXXX</u>	_____	<u>XXXXXXXXXX</u>
IANR Professional Development Fund	<u>XXXXXXXXXX</u>	_____	<u>XXXXXXXXXX</u>
Grant Dollars	_____	_____	_____
Other _____	_____	_____	_____

Indicate any responsibilities (i.e., presenting paper, organization officer, session chair, etc) that you will have at this meeting. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are presenting, what is the title? \_\_\_\_\_

\_\_\_\_\_

If there is more than one author, please list in the order these were submitted to the meeting sponsor.

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Indicate the type of session \_\_\_\_\_ Oral presentation  
\_\_\_\_\_ Poster presentation  
\_\_\_\_\_ Roundtable  
\_\_\_\_\_ Panel presentation  
\_\_\_\_\_ Other, please describe \_\_\_\_\_

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If you are giving a presentation, would you be willing to share your presentation with faculty and other students after attending the meeting/conference? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

What would be the benefits for you and the Department of attending this meeting?

Provide an estimate of your travel expenses in terms of the following categories:

\_\_\_\_\_ Round trip Airfare or personal auto

\_\_\_\_\_ Ground transportation (taxi to hotel)

\_\_\_\_\_ Lodging

\_\_\_\_\_ Meals

\_\_\_\_\_ Registration fees

\_\_\_\_\_ Total expenses

\_\_\_\_\_ Total requested

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of "sponsoring" faculty member \_\_\_\_\_ Date \_\_\_\_\_  
(If Student)

Department Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

Amount Approved \_\_\_\_\_

***Receipts and an expense voucher must be completed within a month after the travel (or by June 30) whichever is first. Submission of the expenses after the deadline may not be reimbursed. (Hotel receipts must show a \$0.00 balance.)***