



Application for Travel Expenses
U196 (R7/91)

Administrative
Research



Name of Applicant: _____ Name of Department: _____

Date of Faculty Appointment: _____ Percent Appointment: _____ Date _____

Telephone: _____

Campus Box No.: _____

Request is made for travel expenses to cover

Large curly bracket containing 'Airplane Fare Amount' and three horizontal lines for input.

from _____ Point of Departure

to _____ and return Destination

State Airfare Travel Available: Y N

The following information is submitted in support of this application

(1) Name of organization: _____

(2) Date and place of meeting: _____

(3) Reason for request: _____

(4) Leave of absence from the University would be necessary for the period from _____ to _____ (Please submit request for leave on Form 1510 or 5602.)

(5) Sources other than travel fund available for meeting the traveling expenses: _____

(6) Date of last meeting for which Academic Senate travel allowance was granted: _____

(7) The following information is required only for attendance at meetings of learned societies:

(a) Is paper accepted on the program for personal presentation: Y N

(8) Will you utilize the State Airfare Travel Program for this flight?: Y N

(9) Remarks/Additional Information: _____

NOTE: University Policy requires that Travel Expense Vouchers (Form 85) must be submitted within ten (10) days after end of trip.

Signed _____

Approved by _____ Chair of the Department

Title of Applicant _____ (You must be salaried at 50% or more to be eligible.)

(Do not fill in below this line)

Grant Amount Approved: \$ _____

Chargeable to _____

Date _____ Amount _____

Approved: _____

_____ For: Chair, Committee on Research

Send completed form with supporting documents to the Academic Senate, BOX 0764