



**Application for Travel Expenses**  
 U196 (R7/91)  
 (To be submitted in duplicate)

**Administrative**  
 **Research**

Name of Applicant \_\_\_\_\_ Name of Department \_\_\_\_\_ / / \_\_\_\_\_  
 Telephone \_\_\_\_\_ Date \_\_\_\_\_

Campus Box No. \_\_\_\_\_  
 Request is made for travel expenses to cover { Airplane Fare Amount \_\_\_\_\_ } from \_\_\_\_\_ Point of Departure  
 \_\_\_\_\_ to \_\_\_\_\_ Destination and return

**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: \_\_\_\_\_

**(8) Remarks:**

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)

NOTE: Travel expense vouchers (Form 85) must be submitted within ten (10) days after end of trip.

Estimated Cost \$ \_\_\_\_\_

Chargeable to \_\_\_\_\_

Balance Available Exclusive of This Request	
Date	Amount
Approved: _____	
_____	For the Committee
_____	For the President (or Chancellor)

Retn: Chancellor or Accounting: 2 Years

**Send 2 copies with supporting documents to the Academic Senate, BOX 0764**