



# FACULTY TRAVEL FUNDING APPLICATION

OGDEN COLLEGE OF SCIENCE AND ENGINEERING

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## FACULTY INFORMATION

OFFICE USE ONLY: FY: \_\_\_\_\_ Received: \_\_\_/\_\_\_/\_\_\_

Name (First, Last) or Name of Unit	WKU ID#:
Department	

## TRAVEL SUMMARY

Check the appropriate category: <input type="checkbox"/> INDIVIDUAL DEVELOPMENT FUNDING <input type="checkbox"/> UNIT DEVELOPMENT FUNDING	
Select the category which best describes your intent for the funds (select all that apply)	
<input type="checkbox"/> Presenter of Paper	<input type="checkbox"/> Exhibitor
<input type="checkbox"/> Lecturer	<input type="checkbox"/> Performer
<input type="checkbox"/> Panel Discussant	<input type="checkbox"/> Participant
<input type="checkbox"/> Other (describe) _____	
<input type="checkbox"/> Workshop	<input type="checkbox"/> Chair Person/Session
<input type="checkbox"/> Short Course	<input type="checkbox"/> Member Committee
<input type="checkbox"/> Seminar	<input type="checkbox"/> Chair Committee
Title of Event/Conference:	
Title of Presentation or Paper:	
Sponsoring Organization: <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional with international or national attendees	
Departure Date:	Return Date:
Does this trip include any personal days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Event (City, State/City, Country):	

## SUMMARY OF EXPENSES

## SIGNATURE OF FACULTY

These fields will automatically calculate based on the information you enter on Page 2.

Registration	\$
Lodging	\$
Meals	\$
Ground Travel	\$
Air Travel	\$
Other Expenses:	\$
<b>TOTAL EXPENSES</b>	
Other Funding Sources	\$

\_\_\_\_\_  
Signature of Faculty Date

COMMENTS FROM DEPARTMENT:	Received this FY: \$ _____
	AMOUNT AWARDED: Index #: \$ _____
	Index #: \$ _____
Signature of Department Head <span style="float: right;">Date</span>	

COMMENTS FROM OFFICE OF THE DEAN	Received this FY: \$ _____
	AMOUNT AWARDED: Index #: \$ _____
	Index #: \$ _____
Signature from Office of the Dean <span style="float: right;">Date</span>	



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## FUNDS REQUESTED

### 6. Itemization of Anticipated Expenses

Registration \$\_\_\_\_\_ conference registration, \$\_\_\_\_\_ additional fee for: \_\_\_\_\_ \$

Lodging \_\_\_\_\_ nights at \$\_\_\_\_\_/night \$

#### Meals

If you depart before 6am or return after 9am, you may claim BREAKFAST

If you depart before 11am or return after 2pm, you may claim LUNCH

If you depart before 5pm or return after 9pm, you may claim DINNER

Per Diem Rate*		
@	=	
@	=	
@	=	

\$

#### Ground Travel *(Please use the fields below to determine which scenario would be least expensive, and use that method of travel.)*

# of miles (round trip): \_\_\_\_\_ # of days of trip: \_\_\_\_\_ Current price of gas/gallon: \_\_\_\_\_

It will cost \$\_\_\_\_\_ to drive a personal vehicle. It will cost \$\_\_\_\_\_ to rent a vehicle.

Enter the total for the less expensive method here:

\$

Air Travel \$\_\_\_\_\_ \$

Other: \_\_\_\_\_ \$

\*Per Diem Rates can be found at <http://www.gsa.gov/portal/content/104877>

**TOTAL ANTICIPATED EXPENSES** \$

## ACTIVITY DETAILS

### 7. Discuss your intended outcomes from this activity, as they relate to your professional research, or classroom instruction time:

- intended outcomes for publishing
- intended outcomes for classroom use

### 8. What is the activity? (Include attachments as necessary)

### 9. How does this activity relate to your professional development?



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Have you received any additional funding (FUSE, grants, etc)?

Funding Source

Amount Awarded