



Southern
Illinois University
Carbondale

Request for Travel Support

Name _____ Rank: Asst. Assoc. Prof. Student Other
Please print clearly

Email Address _____ Phone # _____ Mailcode _____

Department _____ College _____

Trip Dates _____ To _____ Students: Were you on contract at time of travel? _____

Destination _____ Sponsoring Society or Agency _____

If this is a professional meeting is it: State Regional National International

Purpose: Presentation → Invited (include copy of invitation) Volunteered
 Artistic Exhibition or Performance → Invited (include copy of invitation) Volunteered
 Paper → Invited (include copy of invitation) Volunteered
 Poster → Invited (include copy of invitation) Volunteered
 Officer in Organization; provide detail: _____
 Other (explain) _____

Title or Other Information about Purpose: _____

Transportation (Estimate)	\$ _____	Per diem:	
Mileage (\$.55)	\$ _____	(\$32/day out of state; \$28/day in state) x _____	= \$ _____
Airfare	\$ _____	Miscellaneous Expenses	\$ _____
BART	\$ _____	Explain: _____	
Hotel/Lodging (Estimate)	\$ _____		
Registration	\$ _____	Total Estimated Cost of Trip	\$ _____

Signature of Traveler _____ Date _____

Funding Available from Grant:

Fiscal Officer Signature	Date	\$ _____ BP/FAS Acct #	\$ _____ Amount
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Department Chair/Director	Date	\$ _____ BP/FAS Acct #	\$ _____ Amount
Additional Information:			

Dean, College/School	Date	\$ _____ BP/FAS Acct #	\$ _____ Amount
Additional Information:			

Graduate School/Research Development & Administration	Date	\$ _____ BP/FAS Acct #	\$ _____ Amount
Additional Information:			

Faculty: Submit completed and signed forms, along with attachments, to the Office of Research Development and Administration, Woody Hall, C206, MC 4709.
Students: Submit forms and attachments to the Office of the Vice Chancellor for Research and Graduate Dean, Anthony Hall 220, MC 4344.
 Rev. 7/07