

## TRAVEL FUNDING REQUEST

PLEASE NOTIFY THE SCHOOL OF BIOLOGICAL SCIENCES OFFICE IN WRITING IF YOU MAKE ANY CHANGES IN YOUR TRAVEL PLANS. THIS INCLUDES THE CANCELLATION OF YOUR TRIP, CANCELLATION OF THE USE OF A DEPARTMENTAL VEHICLE, ETC. THE SCHOOL OF BIOLOGICAL SCIENCES OFFICE WILL BE RESPONSIBLE FOR NOTIFYING THE APPROPRIATE SCHOOL OF BIOLOGICAL SCIENCES STAFF MEMBER OF THE CHANGE(S).

NAME:	DATE:
FACULTY	GRADUATE STUDENT
TYPE OF TRAVEL:	PRESENTING A PAPER OR POSTER AT A SESSION AT A REGIONAL, NATIONAL, OR INTERNATIONAL MEETING.
	CONDUCTING RESEARCH.
	ATTENDING MEETING FOR PROFESSIONAL ENRICHMENT, BUT NOT PRESENTING A RESEARCH REPORT.
	STUDENT NEAR COMPLETION OF DEGREE, PRESENTING A PAPER AT A REGIONAL OR NATIONAL MEETING.
DESTINATION:	
DATES OF TRAVEL:	
NAME OF MEETING / PL	JRPOSE OF TRIP:
MODE OF TRANSPORTA	ATION:
required for the assign	ects to ride in the van must submit a travel request. A minimum of three people is typically iment of a Departmental vehicle, exceptions should be discussed with chair.)
TRANSPORTATION CO	STS:
REGISTRATION COST:	<del></del>
PER DIEM:	<del></del>
OTHER COSTS:	<del></del>
TOTAL:	<del></del>
	DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY
PREVIOUS FUNDING R	ECEIVED:
APPROVED TRANSPOR	RTATION:
APPROVED REGISTRAT	TION:
APPROVED PER DIEM:	
MAXIMUM APPROVED	TOTAL:
	SIGNATURE OF DIRECTOR