

College of Professional Studies

REQUEST FOR SUPPLEMENTAL TRAVEL FUNDS

Name \_\_\_\_\_ Department \_\_\_\_\_

Dates of Travel \_\_\_\_\_ Destination \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

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Anticipated Total Expenses \$ \_\_\_\_\_

Amount Committed by Department \$ \_\_\_\_\_

Personal Contribution \$ \_\_\_\_\_

Supplement Requested \$ \_\_\_\_\_

Faculty/Staff Signature \_\_\_\_\_

Department Head Signature \_\_\_\_\_

ATTACH THIS REQUEST TO THE COMPLETED TRAVEL FORM

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Amount Awarded \$ \_\_\_\_\_

Dean Signature \_\_\_\_\_

Date \_\_\_\_\_