GRANT-FUNDED TRAVEL FORM *OFFICE OF RESEARCH & SPONSORED PROGRAMS*

Division of Institutional Advancement

Application for Grant Funded Travel Authorization Estimated time of Completion: 5 minutes or less											
NAME:							DATE				
DEPARTMENT:	EPARTMENT:						POSITION/TITLE:				
TELEPHONE EXTENSION:						HOME MAILING ADDRESS:					
E-MAIL:											
1.) PROJECT DETA	ILS										
NAME OF GRANT FUNDED PROJECT											
SOURCE OF FUNDING											
COST CENTER COST CENTER											
2.) TRAVEL DETAILS											
NAME(S) OF PERSON(S) TRAVELING											
DATES OF TRAVEL			DATE LEAVING					DATE RET	URNING		
DESTINATION			CITY					ST	ATE		
NAME AND TYP W (PLE	ERENCE/										
3) FUNDING DETAILS											
PLEASE DESCRIBE THE REASON FOR THE REQUEST											
IS THIS BUDGETED IN THE ORIGINAL GRANT PROPOSAL? YES NO											
IF YES, WHAT IS THE INITIAL AMOUNT OF FUND DOLLARS IN THE 5030 LINE											
IF NO, HOW WILL IT BE COVERED											

4.) ESTIMATED COST

PLEASE USE THE AREA BELOW TO PROVIDE AN ESTI	MATED COST FOR YOUR GRANT FUNDED TRA	VEL ACTIVITY
WORKSHOPS, CONFERENCES, COURSES, ETC.:		
REGISTRATION FEES:	\$	
HOTEL CHARGES:	\$	
TRANSPORTATION: AIRFARE/RAIL:	\$	
TRANSPORTATION: GROUND:	\$	
MEALS:	\$	
TUITION:	\$	
MATERIALS AND SUPPLIES:	\$	
EQUIPMENT:	\$	
OTHER:	\$	
PLEASE EXPLAIN		
TOTAL:	\$	
The information I have provided abo	ve is accurate to the best of my knowled	dge.
Signature of Person Traveling		Date
Signature of Other Persons Traveling	Date	
Signature of Other Persons Traveling	Date	
Signature of Other Persons Traveling	Date	
Signature of Other Persons Traveling	Date	
5.) ENDORSEMENTS		
Signature of Project Director		Date
Signature of Vice President of Administration and Finance	Date	
ORSP NOTES AND ENDORSEMENTS		
AUTHORIZATION #	AMOUNT APPROVED	