

REQUEST FOR SUPPLEMENTAL TRAVEL FUNDS FOR FACULTY

College of Arts and Sciences

Submit this form along with the completed Authorization for Travel form to the College Office. If granted, the Authorization for Travel form will be forwarded to Financial Services and a copy of the Request for Supplemental Travel Funds will be returned to the department/center office.

NAME _____ DEPARTMENT _____

DATES OF TRAVEL _____ DESTINATION _____

PURPOSE OF TRAVEL _____

Only requests with supporting documentation verifying formal participation in program or professional association activities will be considered.

(Faculty to complete this section)	(To be completed by College Office)
TOTAL ANTICIPATED EXPENSES \$	Supplement Awarded: \$ _____
AAUP contractual funds committed \$	
If AAUP funds are exhausted, department head to initial here:	
Other departmental support \$	
Personal Contribution \$	<input type="checkbox"/> Faculty Development
Amount committed by other source \$	<input type="checkbox"/> Contingency
Supplement requested \$	<input type="checkbox"/> Administrative
_____	_____
_____	(DATE)

SUPPLEMENTS WILL ONLY BE AWARDED WHEN THERE IS A MATCH PROVIDED BY THE FACULTY MEMBER'S AAUP TRAVEL FUNDS, OR VERIFICATION BY THE DEPARTMENT HEAD/CENTER DIRECTOR THAT ALL AAUP FUNDS HAVE BEEN EXHAUSTED. AWARDS ARE LIMITED TO A MAXIMUM OF \$400 FOR DOMESTIC TRAVEL AND \$600 FOR INTERNATIONAL TRAVEL.

ONE-HALF OF THE AVAILABLE FUNDS FOR EACH FISCAL YEAR WILL BE RESERVED FOR PROFESSIONAL TRAVEL BY FACULTY BETWEEN JULY 1 AND DECEMBER 31, AND THE OTHER HALF WILL BE RESERVED FOR PROFESSIONAL TRAVEL BY FACULTY BETWEEN JANUARY 1 AND JUNE 30.