

Request for Support - Travel

Academic Year: _____ / _____

Please check one to describes your position on how the funding will assist in your development:

FACULTY

STAFF

UNDERGRADUATE Student

GRADUATE Student

Are you an International Student? Yes No

Are you a Graduate Assistant? Yes No

First Name: _____ Last Name: _____

E# _____ Mailing Address: _____

Department: _____

Position Currently Held: _____

Educational Credentials Currently Held: _____

Name and Description of Program Activity for which funding is requested: (title, location, dates, attach copy of conference brochure, please note if you are presenting-oral/poster, etc.):

Briefly describe how this activity will advance your Professional/Academic development:

Provide additional funding sources (Include Index numbers):

Funds requested (if applicable):

Registration: \$: _____

Airfare: \$: _____

Mileage: (if driving-attach copy of Trip Optimizer) \$: _____

Lodging: (attach copy of Conference Brochure-REQUIRED) \$: _____

Meals: \$: _____

Other: (Please describe & provide amount) \$: _____

TOTAL \$: _____

By signing below you acknowledge your understanding of the University’s travel policy found at: www.etsu.edu/policies/business-finance/generaltravel.php

All travelers which includes students are responsible for knowing, understanding, and following the travel policy. Failure to follow the University’s travel policy may affect your reimbursement.

 Requestor's/Traveler's Printed Name Requestor's/Traveler's Signature Date

Departmental Approval:

Departmental Contribution: \$: _____

Index numbers: _____

 Department Chair, Printed Name Department Chair, Signature Date

Approved by the Vice President of Equity & Inclusion:

 Printed Name Signature Date



To be completed by the Office of Equity and Inclusion:

Index numbers: _____

Reason for non-approval: _____

 Office of Equity & Inclusion, Printed Name Office of Equity & Inclusion, Signature Date