

NOTICE OF INTENT FOR TRAVEL GRANT

FACULTY OF

[Fiscal year: April 1–March 31]

DUE JANUARY 31

TRAVEL INFORMATION

Name, Rank _____ Date of Application _____

Department _____

Place of Travel _____

Date of Travel *Depart:* _____ *Return:* _____

Did you receive AUT conference travel funding last year? Yes No

PURPOSE OF TRAVEL (Conference, Paper, Presentation, etc.)

<input type="checkbox"/> Present Paper	
<input type="checkbox"/> Attend Conference	
<input type="checkbox"/> Visiting Lecturer	
<input type="checkbox"/> Travel – Collaboration	
<input type="checkbox"/> Travel – Library	

EXPENSES (Anticipated)

Expense Items:

Cost

Air Fare	\$	
Hotel		
Mileage		
Car Rental.....		
Other: Bus, Train, Taxi, Parking		
Meals and Entertainment.....		
Registration Fee(s)		
Additional Expenses (detailed explanation required) _____		
Total	\$	

Applicant's Signature

OFFICE USE ONLY:

Dean's Office

Date

AMOUNT APPROVED \$ _____

ACCOUNT # _____