GRANT-FUNDED TRAVEL FORMOFFICE OF RESEARCH & SPONSORED PROGRAMS

Application for Grant Funded Travel Authorization Estimated time of Completion: 5 minutes or less											
NAME:		DATE									
DEPARTMENT:						POSITION/TITLE:					
TELEPHONE EXTENSION:											
E-MAIL:						HOME MAILING ADDRESS:					
1.) PROJECT DETAILS											
NAME OF GRANT FUNDED PROJECT											
SOURCE OF FUNDING											
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 TYPE OF VENUE: (CONFERENCE/ WORKSHOP/ETC (PLEASE BE SPECIFIC).											
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 ESTIMATED COST FOR YOUR GRANT FUNDED TRAVEL 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 abou	ve is accurate to the best o	of my knowledge.					
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						