

## 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 Request for Supplemental Travel Funds will be returned to the department/center office.

Name:	Department:
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#### TRIP INFORMATION

Planned Departure			Planned Return	
Date:	Time:		Date:	Time:
Destination:				
Purpose:				

**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)
<b>ANTICIPATED EXPENSES</b>	Supplement Awarded:
AAUP contractual funds committed:	
If AAUP funds are exhausted, department head to initial here:	
Other departmental support:	
Personal contribution:	
Amount committed by other sources:	
<b>Supplement requested:</b>	
<b>TOTAL ANTICIPATED EXPENSES:</b>	<b>\$0.00</b>
Department Signatures	Dean Signature
Faculty: _____ Date: _____	Dean: _____
Department Head: _____ Date: _____	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 \$300 FOR DOMESTIC TRAVEL, AND \$500 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.**