

INTERNATIONAL TRAVEL SUPPLEMENTAL GRANTS - CONFERENCE APPLICATION FORM 2008

NAME _____ asst/assoc/full RANK (circle one) _____ PHONE _____ E-MAIL _____

DEPT _____ CAMPUS MC _____ DEPART DATE _____ CONF START _____ *CONF END* _____ RETN DATE _____

CONFERENCE LOCATION (country): _____

CONFERENCE NAME: _____

CONFERENCE ACTIVITY: invited () PAPER () LECTURE () POSTER () KEYNOTE

() OTHER: _____

DOCUMENTATION: () ATTACHED () not yet received, expected by (date) _____
in form of () acceptance letter () conf program () other _____

EVIDENCE of the international scope of the conference is included:
() call for papers () conference brochure () ATTACHED narrative

ESTIMATED EXPENSES (conf only):

registration \$ _____
meals _____
lodging _____
travel _____
other _____

====> **TOTAL EST. EXPENSES** \$ _____

X _____ College contribution \$ _____
signature **(REQUIRED)**

_____ print or type name *e-mail address

X _____ Dept. contribution \$ _____
signature **(REQUIRED)**

_____ print or type name *e-mail address

Conference contribution \$ _____

Personal contribution \$ _____

Other \$ _____

TOTAL OF ALL RESOURCES \$ _____

X _____ requester has read current guidelines and agrees to program provisions
Signature (if awarded agrees to submit reimbursement request and report by the deadline)

REQUESTED FROM SUPPLEMENTAL GRANT: (not to exceed \$1,000) \$ _____

* List name and e-mail address of others (i.e. bookkeeper) who should receive a copy of your award notification:

INTERNATIONAL TRAVEL SUPPLEMENTAL GRANTS - COLLABORATION APPLICATION FORM 2008

_____ asst/assoc/full
 NAME RANK (circle one) PHONE E-MAIL

 DEPT CAMPUS MC DPT DATE TRAVEL START *TRAVEL END* RETN DATE

LOCATION (country): _____

PURPOSE OF COLLABORATION: _____

DOCUMENTATION: () ATTACHED () not yet received, expected by (date) _____
 in form of () letter of invitation () other _____

ESTIMATED EXPENSES (conf only):

registration \$ _____
 meals _____
 lodging _____
 travel _____
 other _____
 =====> **TOTAL EST. EXPENSES** \$ _____

X _____ College contribution \$ _____
 signature **(REQUIRED)**

_____ print or type name *e-mail address

X _____ Dept. contribution \$ _____
 signature **(REQUIRED)**

_____ print or type name *e-mail address

Conference contribution \$ _____

Personal contribution \$ _____

Other \$ _____

TOTAL OF ALL RESOURCES \$ _____

X _____ requester has read current guidelines and agrees to program provisions
Signature (if awarded agrees to submit reimbursement request and report by the deadline)

REQUESTED FROM SUPPLEMENTAL GRANT: (not to exceed \$1,000) \$ _____

* List name and e-mail address of others (i.e. bookkeeper) who should receive a copy of your award notification:
