**Indiana State University** 7/02

 **Department of History**

 *Travel Request*

 (Make copies of this form as needed.)

Check All that Apply:

**\_\_\_\_\_\_\_ Requesting Funds from History’s Travel Allocation (check if yes)**

**\_\_\_\_\_\_\_ Not Requesting Any University Funds (no reimbursement from ISU)**

**\_\_\_\_\_\_\_ Will be using funds in addition to HIST (i.e., start-up funds; promising scholars, grants) – See section below.**

Sem/Yr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted to Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Submitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Attending/Trip Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State of Conference/Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenting Paper \_\_\_\_\_ Yes \_\_\_\_ No (Please attach description of paper or activities.)

Title of Conference Paper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (needed for all trips)

Estimation of Expenses

Airline Ticket $\_\_\_\_\_\_\_\_\_\_\_\_

Rental Car $\_\_\_\_\_\_\_\_\_\_\_\_

#  Transportation \_\_\_\_miles x $0.55/mile $\_\_\_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_nights x $\_\_\_\_\_/night $\_\_\_\_\_\_\_\_\_\_\_\_

Subsistence (check CONUS) \_\_\_\_days x $\_\_\_\_\_/day $\_\_\_\_\_\_\_\_\_\_\_\_

Registration $\_\_\_\_\_\_\_\_\_\_\_\_

Miscellaneous………………………. $\_\_\_\_\_\_\_\_\_\_\_\_

Total $\_\_\_\_\_\_\_\_\_\_\_\_

\* Full Federal rate for the first 500 miles (currently 55 cents)

 One half of Federal rate per mile for the next 2,500(currently 27.5 cents)

 0 cents per mile for all additional over 3,000

If checked above “**Will be using funds in addition to HIST”** please complete the following:

 Account Name/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount to be used from Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Authority on Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e., if from another department the person Carolyn must contact to transfer funds; if a grant (URC/other) the P.I.)

(Do not write below this line)

For committee use only.

\_\_\_\_\_ Committee approves Amount Awarded $ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Committee disapproves

Committee Chairperson’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

For office use only.

Request received from Committee:\_\_\_\_\_\_\_\_\_

TA Placed in Faculty Box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TA Returned from Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TA Forwarded to CAS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TA No. on Banner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TA No. Emailed to Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip placed on Calendar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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