REQUEST FOR TRAVEL USING FRENCH & ITALIAN DEPARTMENT FUNDS

NAME: _____ **UT EID**: _____

DESTINATION(S): _____

DEPARTURE DATE (*mm/dd/yyyy*): _____ **RETURN DATE** (*mm/dd/yyyy*): _____

Duties Assumed by: (Select from dropdown menu. Substitute can't be an AI or TA): Disposition of Duties

Chair/Director Duties Substitute: _____

Class 1 prefix & number: _____ Substitute: _____

Class 2 prefix & number: _____ Substitute: _____

LIST OF OTHER UT EMPLOYEES ATTENDING THIS EVENT: _____

_____

DID YOU APPLY FOR AN OGS FACULTY TRAVEL GRANT (FTG)? ◯ Yes ◉ No

Select Purpose and Benefit to UT from drop-down menus - skip this section if OGS FTG Application completed]

Purpose of Travel: Select Purpose of Travel From Dropdown Menu

If Other: _____

If "present original Research" or "attend Conference", complete the following:

- **Name of Conference**: _____
- **Dates of Conference**: _____
- **Title of Paper**: _____

Benefit to UT: Select Benefit to UT from Dropdown Menu

If Other: _____

ATTACHMENTS FOR CONFERENCE TRAVEL: (skip this section if OGS FTG Application completed)

- a copy of the meeting program showing your name, paper or presentation topic & date; OR a letter from the meeting organizer accepting your paper or presentation and confirming your part in the program.
- An abstract (not exceeding one page in length) of the paper or presentation to be given.

Complete the sections below only if requesting departmental funding

BUDGET (provide an approximate cost for each applicable travel expense category – *enter whole number figures only*)

Airfare: _____ **Public Transportation (taxi, limo, bus, train, subway)**: _____

Car Rental: _____ **Gasoline:** _____ **Lodging**: _____ **Meals**: _____

Misc: _____ **Estimate Total:** $ 0 (*Total is a calculated field, no entry needed*)

☐ **Lodging is non-commercial lodging.** ☐ **I am requesting Cash Advance.**

OTHER FUNDING SOURCES - provide the following for each source (*enter whole numbers for "Amount"*):

Benefactor: _____ **Account**: _____ **Amount**: _____ **Contact**: _____

Benefactor: _____ **Account**: _____ **Amount**: _____ **Contact**: _____

Total from extra-departmental sources (*This total is a calculated field, no entry needed*)**:** $ 0

AMOUNT REQUESTED FROM FRENCH & ITALIAN DEPARTMENT FUNDS: $ 0 (*calculated field*)

FOR DEPARTMENTAL USE ONLY

Departmental funds approved: _____

_____ _____

Chair's signature **Date**