

APPLICATION FOR SUPPLEMENTAL *INTERNATIONAL* TRAVEL FUNDS

for Fiscal Year _____

NAME: _____ DATE: _____

DEPARTMENT: _____ PHONE: _____

DATES OF TRAVEL: _____
Attach relevant descriptive material such as invitations, itinerary, budget, etc.

COUNTRY(IES): _____

ESTIMATED EXPENSES:

Registration \$ _____ Plane \$ _____ Lodging \$ _____ Other Expenses \$ _____

Meals \$ _____ Car \$ _____ TOTALS _____

SOURCE OF FUNDS: >>> >>>> >>> >>> >>> >>> APPROVED BY:

1. Department
Allocation: \$ _____ acct #: _____
Department Chair Signature

2. College
Allocation: \$ _____ acct #: _____
Dean Signature

Personal Funds: \$ _____

TOTAL FUNDS
APPROVED \$ _____

Other (specify) \$ _____

3. AMOUNT REQUESTED FROM SUPPLEMENTAL *INTERNATIONAL* TRAVEL FUNDS:

\$ _____
(up to \$400)

To process this application:

1. Department Chair and Dean signatures on this form and on B-27.
2. Attach brief description of the conference/ workshop and how it will enhance internationalization at BSU.
3. Dean's office should forward all the above to:

Nola Nichols
Center for International Programs

| | |
|---|---------------|
| AMOUNT ALLOCATED: (from Supplemental <i>International</i> Travel Funds) | |
| \$ _____ | |
| _____ (CIP Director's signature) | _____ Date |

Account number _____