

WKU CEBS SCHOLARLY TRAVEL SUPPORT REQUEST

This request must be approved before travel occurs. Attach a copy of your meeting acceptance or submission confirmation.

Applicant Information:

Applicant Name: _____ (Please print)	<i>I hereby certify this activity involves official University business relevant to the duties of my position.</i>	_____
Applicant Status (Please check): Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> *		Signature
Applicant Employment Status (Please check): WKU Employee <input type="checkbox"/> Not a WKU Employee <input type="checkbox"/>		
*Note: Student <u>must</u> submit a Student Travel Report with the Travel Reimbursement Form. See the report template . A faculty signature for student authorization <u>must</u> accompany this application.		_____
		Faculty Signature

Travel Information:

Beginning date of travel: _____	Ending date of travel: _____
Name or Description of Meeting: _____	Accepted? ____ Yes ____ No If no, date decision expected: _____
Purpose of Meeting: Research presentation <input type="checkbox"/> Professional development <input type="checkbox"/> Other: _____ <input type="checkbox"/>	
Type of meeting: State <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Destination (city, state): _____	
Title of poster/paper/presentation: _____	
Authors (in order of authorship on proposal): _____	
Have you previously presented this work? _____	If yes, when and where? _____
Will this presentation lead to: Publication <input type="checkbox"/> Grant submission <input type="checkbox"/>	

TOTAL projected expense for this activity:

Airfare: \$ _____	Lodging: \$ _____	Meals: \$ _____
Registration: \$ _____	Other Transportation*: \$ _____	Miscellaneous Expenses*: \$ _____
Check here if one or more meals are included with registration: <input type="checkbox"/> Number of meals included: ____ Breakfast ____ Lunch ____ Dinner		TOTAL EXPENSES: \$ _____
*Please describe below as specifically as possible "Other Transportation" or "Miscellaneous Expenses" you are requesting: _____		

WKU Procurement Card Expenditures:

Please provide information below if registration or <u>any other travel-related expense</u> has or will be placed on a WKU Pro Card.					
Expenses charged on WKU Pro Card (Describe)		Amount	Source (Please Check)		
1.	_____	_____	<input type="checkbox"/> Department	<input type="checkbox"/> Dean	<input type="checkbox"/> Other
2.	_____	_____	<input type="checkbox"/> Department	<input type="checkbox"/> Dean	<input type="checkbox"/> Other
3.	_____	_____	<input type="checkbox"/> Department	<input type="checkbox"/> Dean	<input type="checkbox"/> Other

Grant Activity Information:

Please check here if this activity is related to a <u>grant</u> : <input type="checkbox"/>	If applicable, provide the grant name and Index # below: _____
Please check here if this activity is related to <u>grant development</u> : <input type="checkbox"/>	

Please check this box if you have been asked by the Dean's Office to attend this meeting: <input type="checkbox"/>	Number of conferences you have attended this year: _____
If other WKU or external funding (e.g., RCAP, QTAG, Professional Organization Board, external grant) will support your <u>attendance</u> of this meeting, please list <u>sources</u> and <u>amounts</u> : _____	
If WKU funding (e.g., QTAG, RCAP, FUSE) supported <u>conducting</u> this research, please list <u>sources</u> and <u>amounts</u> : _____	
Are requesting travel funds from: <input type="checkbox"/> Your department Amount, if applicable: \$ _____ <input type="checkbox"/> CEBS (Note: Does not preclude you from requesting department funds)	

_____	\$ _____	_____
Date Form Submitted	Amount approved by Dept. Head	Dept. Head's Signature (Must be signed before sending to Dean's Office)
For Dean's Office Use Only Request Funded By: <input type="checkbox"/> CEX <input type="checkbox"/> OP <input type="checkbox"/> DELO	\$ _____	_____
	Amount approved by QTAGRF	Committee Chair's Signature
	\$ _____	_____
	Amount approved by Dean	Dean's Signature