

COLLEGE OF EDUCATION, HEALTH AND HUMAN SCIENCES
THE UNIVERSITY OF TENNESSEE

REQUEST FOR TRAVEL SUPPORT: FACULTY

[Please complete and submit to Diane Booker in the Dean's Office, 335 CC]

Faculty Name _____ Date _____
Office Address _____ Office Phone _____

I. Request for College funding to support:

A. Presentation of accepted or invited paper

Title of Paper (Presentation)

(Please attach a copy of acceptance or invitation)

II. Name, Dates and Location of Conference (Please include complete name of conference)

III. Estimated Total Cost \$ _____

Transportation:

a) Airline: _____

b) Auto: _____ (# of miles x \$ _____ mileage rate)

Lodging: _____ (# of days x \$ _____ = total cost per night)

a) Check-in Fee: _____ b) miscellaneous: _____

Meals: _____ (per diem)

Conference Registration Fee: _____

Parking: _____

Taxi/Other Transportation: _____

IV. Departmental/Other Contributing Accounts

_____	Acct. Name/#	_____	Amt.
_____	Acct. Name/#	_____	Amt.

Reviewed and Authorized:

Dept. Head

V. College Support

Amount of Award: \$ _____

Account Name/#: EHHS Instruction Support/E01-1705

Approved:

Dean's Office

VI. Return CC

_____, Appropriate Office Personnel