SCHOOL OF PUBLIC HEALTH
FACULTY TRAVEL SUPPORT
Return completed form to
CENTER FOR HEALTH RESEARCH

TRAVEL SUPPORT APPLICATION

This application is to be presented for processing at least two (2) weeks prior to date of departure.

APPLICANT

NAME:

TITLE:

PRIMARY CENTER: Appointment: Full time / Part Time

Tel. Extension / E-mail:

TRAVEL INFORMATION

TRAVEL TO: ☐ CONVENTION ☐ CONFERENCE ☐ WORKSHOP ☐ PROJECT ☐ OTHER (SPECIFY)

LOCATION: DEPARTURE DATE: RETURN:

METHOD(S) OF TRANSPORTATION: ☐ AIR ☐ CAR ☐ TRAIN ☐ OTHER (SPECIFY)

FORMAL PARTICIPATION IN PROGRAM: ☐ YES ☐ NO If **YES**, provide following details:

Title of Presentation:

FINANCIAL INFORMATION

	TRANSPORTATION	LODGING	MEALS/PER DIEM	REGISTRATION FEE	MISCELLANEOUS
ESTIMATED EXPENSES					

TOTAL REQUESTED FROM CHR:

Was the research funded by a grant? ☐ YES ☐ NO If **YES**, provide - Sponsor:
Principal Investigator:
Awardee:

IF THE PROJECT WAS SPONSORED, WILL THE SPONSOR PAY FOR THIS TRIP? ☐ YES ☐ NO / If "YES," how much?

SUPPORTING SIGNATURES

Please enter supporting signatures and dates.
Make copies only after all required signatures have been entered.

APPLICANT: DATE:

EXECUTIVE DIRECTOR – APPLICANT'S AFFILIATED CENTER: DATE:

DIRECTOR - CENTER FOR HEALTH RESEARCH: DATE:

Applicant – please keep a photocopy for your record