Department of Physics - Supplemental Travel Fund Request

Applicant Name:       Name of the Organization/Association/Event:

Dates of Travel/Attendance:       Location (city/state/country):

Are you:  Asst Prof?  Assoc Prof?  Full Prof?  Tenured?  Tenure-Track?

Senior Lecturer?  Principal Lecturer? (Lecturers must be in a multi-year appointment)

Does the nature of the organization/association membership/audience make it primarily (check one):

International  National  Regional  Statewide  North

Texas

Purpose of Travel:

Check one:  I was invited to give  I submitted the presentation and it was accepted

the presentation through a review or referee process

Other:

Check one  Plenary/Keynote  Concurrent Session  One of the Speakers  Poster

or more of Speaker Speaker on a panel Session

these eight:

President or Chair of natl/intl meeting

Chair/Member of Program or Planning committee for the conference and the

organization/association is national or international

Other:

Estimated cost of the trip: Registration cost:       Airfare cost:       Lodging cost:

Local transportation cost:       Meal costs not included in the registration fee:

Grand total of the estimated trip costs:

Other funds committed by faculty (optional) $      other deptid# or projid#

**SIGNATURE OF OTHER DEPTID/PROJID HOLDER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant’s Signature** Date

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**Department Chair’s Signature**  Date

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**Section below to Be Completed by Chair’s Office:**

Award amt \_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_ Cost shared into #\_\_\_\_\_\_\_\_\_ Date c/s submitted \_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_