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 \_\_\_\_\_\_