College of Social & Behavioral Sciences Application for Travel Funding

This form is to be used by **SBS Students** for all travel support funding requests from the Dean's office.

Individuals are only eligible for funding from the Dean's office once per fiscal year (i.e. July 1st – June 30th).

Applicants must sign and date application. Only completed applications will be reviewed.

Applications for AY 2018 funding are due to the CHAIR OR DIRECTOR by November 1, 2017 and February 2, 2018.

Applications must be reviewed, prioritized and signed by the dept. chair/director and submitted within 1 week for the Dean's decision. Please complete the following fillable form: (type or print legibly)

Department:	itional mave
Name of Traveler: Empl ID/LouieID):
Phone: E-mail address:	·
Departure Date/Time: Return Date/Tim	e:
Purpose: i.e. to present at [list specific conference]:	
Destination/Location (City & State or Country) of Travel:	
Driving University Vehicle? Personal Vehicle?	
Attach a memo/narrative to the Dean how the application fits the criteria for travel funding	ng requested: provide documentation
of acceptance of the paper/abstract or submission and/or registration if acceptance decis	·
PLEASE WORK WITH RESPECTIVE DEPT. TRAVEL SPECIALIST FOR BUDGET INFORMATION	· · · · · · · · · · · · · · · · · · ·
Criteria for Student funding & travel guidelines on the SBS website at https://nau.edu/SBS	s/Student-Resources/
Febinested Budget automali auticinated auropeas	
Estimated Budget enter all anticipated expenses:	
Conference Registration - University Vehicle - Rate \$30 x (#) of days =	
	E/milo =
<u> </u>	·
Public Transportation: Air: Shuttle: Taxi/Bu Lodging—include estimated taxes: Night(s)@ per night	
Lodging—include estimated taxes: Night(s)@ per night	
TOTAL ES	STIMATED EXPENSES:
Applicant's Signature:	Date:
FACULTY Major Advisor Signature:	Date:
Dept. Chair/ Director's Signature:	Date:
List ALL other funding sources:	
Amount Requested from Home Dept.:	Amount Allotted:
· · · · · · · · · · · · · · · · · · ·	
Amount Requested from: If amount awarded unknown, anticipated date of determination:	Amount Awarded:
amount awarded disknown, anticipated date of determination.	
Amount Requested from:	Amount Awarded:
If amount awarded unknown, anticipated date of determination:	
	Balance unfunded:
Assessment as a second as the collection of factor CDC Decree (absolute to the CDC Collection)	
Amount requested as travel award from SBS Dean: (studentsup to \$250 max)	
FOR CHAIR/DIRECTOR ONLY PRIORITIZATION:	
	Ch/Dir Initials:
	City Sill illitudes.
Travel Specialist Checklist	DN/A
☐ memo/narrative to Dean attached ☐ documentation of submission/acceptance to present atta Dean's Office Use Only	ached
Date Received in Dean's office:	☐ application incomplete sent back

\$0.00
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