

College of Education and Health Professions
University of Arkansas

REQUEST FOR SUPPLEMENTAL SUPPORT FOR
PROFESSIONAL FACULTY/STAFF TRAVEL

(This form must be submitted prior to travel and as early in the fiscal year as possible)

Faculty/Staff Name: _____ Date: _____

Department: _____ Program area: _____

Dates of Travel: From: _____ To: _____

Purpose of Travel (Location, name of conference or workshop, dates of attendance, brief description of the purpose of the travel, and presentation title): _____

Benefits of travel to the faculty/staff member, department, and/or college: _____

Estimate Total Cost of Travel: *(according to UA policies)*

Transportation	\$ _____
Registration	\$ _____
Lodging	\$ _____
Meals	\$ _____
Other _____	\$ _____

TOTAL \$ _____

Faculty/Staff Signature: _____ Date: _____

\$ _____
Amount Committed _____ Department Head

Describe sources of funding stated above: _____

_____	Craig Edmonston	\$ _____
Date	Associate Dean for Administration	Amount Committed