

Department of French, Francophone and Italian Studies
Faculty Request for Travel Funds
— Internal Use Only —

Name: _____ Date: _____

Proposed Travel to Conference:

CHECK ALL THAT APPLY AND ATTACH COPY OF INVITATION/ACCEPTANCE
(if applicable)

Keynote Address _____	Invited Paper _____
Conference Paper _____	Panel Member _____
Meeting Organizer _____	Session Chair _____
Participant _____	Other (identify) _____

Name of Meeting: _____

Inclusive Dates: _____

Location: _____

Title of Presentation: _____

Abstract: _____

Proposed Travel Budget:

Anticipated Costs:

Transportation \$ _____

Hotel \$ _____

Per Diem \$ _____

Registration \$ _____

Miscellaneous \$ _____

Total \$ _____

Source of Estimate/Explanation:
