*This request must be approved before travel occurs. Attach a copy of your meeting acceptance or submission confirmation.*

**Applicant Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Name:** |  | ***I hereby certify this activity involves official University business relevant to the duties of my position.*** |  |  |
|  | **(Please print)** | **Signature** |
| **Applicant Status (Please check):** | **Faculty**  [ ]  | **Staff**  [ ]  | **Student**  [ ] \* |
| **Applicant Employment Status (Please check):** | **WKU Employee**  [ ]  | **Not a WKU Employee**  [ ]  |
| *\*Note: Student must submit a Student Travel Report with the Travel Reimbursement Form. See the* [*report template*](http://www.wku.edu/cebs/deans_office/forms_and_downloads/student_travel_report_form.pdf)*. A faculty signature for student authorization must accompany this application.* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Faculty Signature** |  |

**Travel Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning date of travel:** |  | **Ending date of travel:** |  |
| **Name or Description of Meeting:** |  | **Accepted?** \_\_\_ Yes \_\_\_ No If no, date decision expected: \_\_\_\_\_\_\_\_\_\_ |
| **Purpose of Meeting:** Research presentation[ ]  Professional development[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]   |
| **Type of meeting:** State[ ]  Regional[ ]  National [ ]  International [ ]   |  **Destination (city, state):** |
| **Title of poster/paper/presentation:** |
| **Authors (in order of authorship on proposal):** |
| **Have you previously presented this work? If yes, when and where?**  |
| **Will this presentation lead to:** Publication[ ]  Grant submission [ ]   |

**TOTAL projected expense for this activity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Airfare:** | $  | **Lodging:** | $  | **Meals:**  | $  |
| **Registration:** | $  | **Other Transportation\*:** | $  | **Miscellaneous Expenses\*:** | $  |
| Check here if one or more meals are included with registration: [ ]  Number of meals included: \_\_\_Breakfast \_\_ Lunch \_\_ Dinner | **TOTAL EXPENSES: $**  |
| **\***Please describe below as specifically as possible “Other Transportation” or “Miscellaneous Expenses” you are requesting:  |

**WKU Procurement Card Expenditures:**

|  |
| --- |
| Please provide information below if registration or any other travel-related expense has or will be placed on a WKU Pro Card. |
| **Expenses charged on WKU Pro Card (Describe)** | **Amount** | **Source (Please Check)** |
| 1.  |  |  | [ ]  Department | [ ] Dean | [ ] Other |
| 2. |  |  | [ ]  Department | [ ] Dean | [ ] Other |
| 3. |  |  | [ ]  Department | [ ] Dean | [ ] Other |

**Grant Activity Information:**

|  |  |  |
| --- | --- | --- |
| Please check here if this activity is related to a grant: | [ ]  | If applicable, provide the grant name and Index # below: |
| Please check here if this activity is related to grant development: | [ ]  |  |

|  |  |  |
| --- | --- | --- |
| Please check this box if you have been asked by the Dean’s Office to attend this meeting: [ ]   | Number of conferences you have attended this year:  |  |
| If other WKU or external funding (e.g., RCAP, QTAG, Professional Organization Board, external grant) will support your attendance of this meeting, please list sources and amounts:  |  |
| If WKU funding (e.g., QTAG, RCAP, FUSE) supported conducting this research, please list sources and amounts: |  |
| Are requesting travel funds from: [ ]  Your department Amount, if applicable: $ \_\_\_\_\_\_\_\_\_\_\_[ ] \_CEBS (Note: Does not preclude you from requesting department funds) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | $ |  |  |
| Date Form Submitted |  | Amount approved by Dept. Head |  | Dept. Head’s Signature (*Must be signed before sending to Dean’s Office*) |
| **For Dean’s Office Use Only** |  |  |  |  |
| **Request Funded By:** |  | $ |  |  |
| **[ ]  CEX** |  | Amount approved by QTAGRF  |  | Committee Chair’s Signature |
|  |  |  |  |
| **[ ]  OP****[ ]  DELO** |  | $ |  |  |
|  |  Amount approved by Dean |  | Dean’s Signature |