*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 |