**FACULTY/STUDENT TRAVEL REQUEST FORM**

**Department of Mathematics**

Name: Date:

Academic Rank: e-mail address:

Campus Address & Telephone:

Name of Conference: Nature of Participation:

Location: Dates:

**NATURE OF TRAVEL**

( ) Invited paper ( ) contributed paper ( ) other (explain below)

**BUDGET**

Transportation: ( ) Air ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Registration Fee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated food and incidental expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total Cost \_\_\_\_\_\_\_\_\_\_\_\_\_***

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Support provided by sponsor or grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Explain below if this amount is less than the available grant travel budget.)

Other support (e.g. , research subsidy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Balance \_\_\_\_\_\_\_\_\_\_\_\_**

Department support (Authorized by Dept. Chair ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Not Funded \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Space for additional comments |

Faculty should submit this completed form to math office staff, mathdept@syr.edu