**FACULTY INFORMATION**

Faculty Name:

Travel Funding Source(s): *(CED faculty travel fund, grant, FYO, Provost’s Office, other)*

**DESCRIPTION OF TRAVEL**

Nature of Official Business: *(name and location of conference and/or event you are attending)*

Detailed Justification for the travel: *(e.g. paper presentation, panel discussion, poster presentation, etc.)*

Dates absent from campus:

Provide contact information while away:

**ITEMIZED ESTIMATE OF COSTS**

Meals: $0.00

Lodging: $0.00

Transportation: $0.00

Other expenses (explain): $0.00

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Total Estimated Cost: $0.00