REQUEST FOR SUPPORT FOR INTERNATIONAL PROFESSIONAL TRAVEL

| Name: | Date of Request: | | | | | | |
|--|----------------------------------|-----|----|--|--|--|--|
| Traveler Signature: | Are you presenting? | Yes | No | | | | |
| Department/College: | Title: | | | | | | |
| Destination: | | | | | | | |
| Conference/Organization Name: | | | | | | | |
| Dates of Travel: | Is travel over break or weekend? | Yes | No | | | | |
| Title of research paper or description of other activities (please attach additional sheet if necessary) | | | | | | | |
| Name/Contact of who will perform duties while gone | | | | | | | |
| Name/Contact of who will perform duties while gone | | | | | | | |

Attach a copy of the **proposal** you submitted and the **acceptance letter** from the conference. If you are not presenting, attach a short (one page maximum) narrative describing the benefits of this travel to you, the department and/or the college.

| Estimated Cost | | Requested Su | <u>pport</u> |
|----------------------------------|---|--------------|--------------|
| Transportation | \$ | Department | \$ |
| Food, lodging and other expenses | \$ | College | \$ |
| Registration fees | \$ | Grant** | \$ |
| Total | \$ | Other** | \$ |
| | | Total | \$ |
| | ** Attach a short narrative describing the source of funds and outline with cost center and signatures below. | | |

Approved Support:

(Please make sure all fund sources are signed off before coming to the Provost Office)

| Department | \$ | | | | |
|------------|----|----------------------------|--------------------------------------|------|--|
| · | | Cost Center # | Department Chair Signature | Date | |
| College | \$ | | | | |
| U | | Cost Center # | College Business Manager Signature | Date | |
| Grants | \$ | | | | |
| Cranto | Ψ | Grant & Cost Center # | Grant PI or Co-PI Signature | Date | |
| Other | \$ | | | | |
| Outor | Ψ | Other Name & Cost Center # | Fund Advisor/Administrator Signature | Date | |

<u>Travel Support Approved:</u> In accordance with NIU Travel Guidelines and Restrictions (Executive Order 15-08). Request is approved if signed below. If not approved, please explain:

Dean/Unit VP, or designee, Signature