

COLLEGE OF EDUCATION - Travel Program Request

Submission Date

Faculty Name Signature _____

Divison

Travel Dates Begin End

Event Name

Event Description

City

State Country

- Paper Presentation
- Leadership Role
- Panel Discussion
- Pursue External Funding
- Recruiting
- Other

Describe

Estimated Budget: Must conform to COE Faculty Travel Program and UMSL Travel requirements.

Early Registration

Airline Ticket

Personal Vehicle _____ miles * _____ cents per mile

Car Rental (requires prior approval)

Hotel _____ nights times _____ per night incl tax

Public transportation, taxi, airport transfer, bus, etc.

Meals _____ days times \$42 MAX/ day ESTIMATE

Misc: parking, internet service, taxi, etc.

TOTAL ESTIMATE

Other financial support _____

Reimbursement Request

Divison Chair. Signature _____ Date _____

COLLEGE OF EDUCATION DEAN'S OFFICE USE ONLY

Dean or Dean's delegate. _____ Date _____ MAXIMUM