Request Travel Funds

Name: *
Street Address: *
City: *
State: *
Zip Code: *
Phone: *
Format: (xxx) xxx-xxxx
Email: *
A number: *
Major Department: *
Year: *
O Freshman
© Sophomore
O Junior
© Senior
○ Graduate
Projected Graduation Year: *
C 2011
© 2012
© 2013
O 2014
O 2015
Other:
Travel Destination : *
Please include specific location, such as conference center or hotel, and city and state.

Description of your involvement: *
Will you be presenting a paper or other research? Will you be attending a conference? Will you be
participating in a competition? This information will be carefully considered when the decision is
made to award funds.
Is this your first request for SA/OUR travel funds?: *
C. Vee
O Yes
○ No
Is this your first time attending a scholarly event?: *
O Yes
○ No
Other services of final-2.*
Other sources of funds?: *
List the other campus departments, groups or individuals providing funds for your trip. For example,
major department, faculty grant, personal resources, etc. Please indicate how much each group is
providing.
How will this travel benefit you?: *
How will your trip aid your overall scholarly development? One to two sentences will be adequate.
Upload Authorization to Travel Form: *
Browse
All university related travel must be pre-approved by submission of an Authorization of Travel Form.
Please complete the form as accurately as possible and scan and upload your form here. (Allowed file types: pdf, jpg, bmp, tif, doc, docx). Click the link for the Form:
http://www.apsu.edu/files/accounting-services/Authorization-of-Travel-PDF-format.pdf You must
also scan the conference or meeting form depicting the registration information and scan it with the
travel authorization form and submit them both. For help, email mcelroyc@apsu.edu or call Student
Affairs at (931) 221-7341.
Guidelines Agreement: * Yes No
Please indicate that you have read the Guidelines pertaining to student travel.