## **Faculty Funding Request Form**

## For Travel or Special Project Support

Submit this form with supporting documentation (e.g., conference brochure, budget details, project proposal) to the dean's office via email or in person delivery to the dean and the office manager at least 8 weeks prior to the planned activity.

\*Forms submitted without chair/director approval will not be considered

1. Faculty Information	
Name:	
Department:	
Email:	-
Phone:	_
Rank/Title:	
2. Type of Funding Requested	
(Check one or both if applicable)	
☐ Travel	
☐ Special Project	
3. Description of Activity or Project	
Title of Conference/Project:	
Location (City, State, Country):	
Dates of Travel/Project:	
Brief Description (Include purpose, goals, and significance):	

4. Budget Request		
Airfare / Transportation	\$	
Lodging	\$	
Meals / Per Diem	\$	
Registration Fees	\$	
Materials / Supplies	\$	
Other (specify):	\$	
Total Requested	\$	
. Other Sources of Funding		
Have you sought or received o	other funding for this reques	st?
☐ Yes – Source:	Amount	: \$
□ No		
. Justification for Funding (Explai ervice, or departmental goals)	n how this activity suppor	rts your teaching, research,
7. Approvals (Forms submitted wit	hout chair/director approv	val will not be considered)
Faculty Signature:		Date:
Department Chair:		Date:

Dean's Office Use Only			
☐ Approved			
☐ Not Approved			
Funding Amount Approved: \$			
Comments:			