



**COLLEGE OF LIBERAL ARTS (COLA)
APPLICATION FOR TRAVEL FUNDS**

Use TAB to navigate through the form.

Name: _____ Rank: select one...
 Email: _____ Mail Code: _____ Ext: _____
 Dept/Unit: _____

1. You must exhaust all allocated faculty development funds awarded by the Department, the Dean, University Faculty Travel (UFT), etc., prior to requesting COLA Travel Funds. Please explain how the awarded funds were spent.

2. PROPOSED TRAVEL

Destination:		Dates:		to	
Name of Event:					
Affiliation/Org:					
Title of Work:					
Type of Event:	select one...	Primary reason for travel is (select one...)			
Are you the primary presenting author or speaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Is travel related to a sabbatical? What semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Semester:	select one...	

3. FUNDS REQUESTED

	ACTUAL COST	Provide the source of cost information below, but DO NOT attach any supporting document
A. Transportation	\$	
B. Lodging (Accurate estimate of cost)	\$	
C. Meals (Per Diem ¹)	\$	
D. Registration / Tuition Fees	\$	
E. Miscellaneous (please specify)	\$	
TOTAL COST FOR TRAVEL	\$	[Sum of boxes A to E]
Funding Requested from Other Sources	\$	[All sources, excluding COLA]
Funding Secured from Other Sources	\$	[All sources, excluding COLA]
Funding Requested from COLA	\$	[Faculty may apply for up to \$700 per fiscal year for domestic travel or up to \$1,400 per fiscal year for international travel.]

¹ See State rates at <<http://www.unlv.edu/controller/travel-program/mileage>> for Per Diem information

4. Please indicate the status of your proposal / presentation / workshop / others (including invitation)

select one...

5. **PURPOSE OF TRIP** Please clearly describe the purpose for this trip, and indicate whether trip is for the purpose of developing/presenting research, creative activity, teaching, or service.

6. If applicable, provide justification for lodging cost above the state-approved per diem rate.

7. Can you obtain funding from other sources (e.g. Dept / Unit)?

Yes

No

a) If Yes, please provide amount and source of other funding.

b) If No, explain:

c) How will your plans be affected if only partial support can be granted?

Reminder: Please attach required acceptance letter/email if applicable.

By signing below, I declare that to the best of my knowledge the information provided herein is complete and accurate.

Signature:

Date:

Applicant

Signature:

Date:

Supervisor (Department Chair/Program Director)

Signature:

Date:

Dean/Associate Dean
