

**College of Education, Health, and Human Sciences
Faculty Travel Form
2017-2018**

Name		Date
Department		Office Phone
SARIF Funding Request for International Research Papers Yes/No (Abstract Required)		
FACULTY APPOINTMENT		
<i>Tenured</i>	<i>Tenure Track</i>	<i>Clinical/Research</i>
Rank:	Rank:	Rank:
CONFERENCE INFORMATION		
Complete Name of Conference/Location (City, State)		Travel Dates
Title of Paper or Presentation (Please attach copy of acceptance letter)		
ESTIMATED COSTS		
Transportation	Cost Estimate	Notes/Comments
Airfare	\$	
Ground Transportation (personal auto, car rental, taxi, UT car)	\$	
Parking	\$	
Lodging	\$	
Meals	\$	
Conference Fees	\$	
Other	\$	
Total	\$	
DEPARTMENTAL AND CONTRIBUTING ACCOUNTS		
Account Name and Number		Amount
		\$
		\$
Reviewed and Authorized: _____ Department Head		

*******CEHHS Office Use*******

EHHS Instructional Support/E01-1705	
Previous Support:	Support for this travel:
Additional Support/Notes:	
Reviewed and Authorized: _____ Dean's Office	

All travel requests must be submitted to Associate Dean Susan Benner at least one week prior to travel dates.
Mandatory SARIF Request Deadline: 1 month before travel