# **Lansing Community CollegeArts & Sciences Division**

**REQUEST FOR TRAVEL FUNDING**

| **Name:** | **Today’s Date:** |
| --- | --- |
| **Department:** | **Program:** |
| **Name of Travel/ Conference:** | **Location of Travel/ Conference:** |
| **Date(s) of Travel/ Conference:** | **Date Received (ASD Office Only):** |

 **Please complete the estimated budget *(on page 2)* and attach conference information indicating details**

**regarding registration fees, lodging, meals, and other costs associated with the travel requested.**

**CHECK ONE:**

**College/Division Business**

[ ]  Travel resulting from work assigned by supervisor or College Administration: 100% funded

**Presenting or Presiding**

[ ]  Beyond MI, OH, IN, IL: up to $1400

[ ]  Within MI, OH, IN, IL: up to $1000

**Professional Development/Non-presenting**

[ ]  Department or program support *(requires Chair approval)*: up to $1000

[ ]  Individual Interest: up to $500

**INDICATE OTHER FUNDING SOURCE(S), IF APPLICABLE** (i.e. grant, two areas sharing travel expenses)**:**

| **Type:**       |
| --- |
| **Amount:**       |
| **FOAPAL:**       |

# **EXPLAIN HOW THIS TRAVEL BENEFITS YOUR PROGRAM, DEPARTMENT and/or DIVISION:**

|       |
| --- |

**DESCRIBE HOW THE INFORMATION LEARNED FROM THIS TRAVEL WILL BE SHARED WITH YOUR PROGRAM, DEPARTMENT and/or DIVISION:**

|  |
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**ESTIMATED BUDGET**

| Costs | Amount |
| --- | --- |
| **Travel Registration Fees** |  |
| **Travel Transportation** |  |
| **Travel Lodging:      /night x     nights** |  |
| **Travel Meals** |  |
| **Travel Miscellaneous** |  |
| **TOTAL:** |  |

**TRACKING NOTES**

**ASLT DISCUSSION:**

**OUTCOME:**

**[ ]  Approved**

| **Amount Awarded:**       |
| --- |
| **Notified:**       |

**[ ]  Denied**

| **Denial Reason:**       |
| --- |
| **Notified:**       |