# **Lansing Community College Arts & 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:**

|  |
| --- |

**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:** |