

# REQUEST FOR SUPPORT FOR INTERNATIONAL PROFESSIONAL TRAVEL

*(Submit to Provost Office for Final Approval)*

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Traveler Signature: \_\_\_\_\_ Are you presenting?      Yes      No

Department/College: \_\_\_\_\_ Title: \_\_\_\_\_

Destination: \_\_\_\_\_

Conference/Organization Name: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_ Is travel over break or weekend?      Yes      No

\_\_\_\_\_  
 Title of research paper or description of other activities (please attach additional sheet if necessary)

\_\_\_\_\_  
 Name/Contact of who will perform duties while gone

Attach a copy of the **proposal** you submitted and the **acceptance letter** from the conference. If you are not presenting, attach a short (one page maximum) narrative describing the benefits of this travel to you, the department and/or the college.

**Estimated Cost**

Transportation	\$ _____
Food, lodging and other expenses	\$ _____
Registration fees	\$ _____
Total	\$ _____

**Requested Support**

Department	\$ _____
College	\$ _____
Grant**	\$ _____
Other**	\$ _____
Total	\$ _____

*\*\* Attach a short narrative describing the source of funds and outline with cost center and signatures below.*

**Approved Support:**

*(Please make sure all fund sources are signed off before coming to the Provost Office)*

Department	\$ _____	_____	_____	_____
		Cost Center #	Department Chair Signature	Date
College	\$ _____	_____	_____	_____
		Cost Center #	College Business Manager Signature	Date
Grants	\$ _____	_____	_____	_____
		Grant & Cost Center #	Grant PI or Co-PI Signature	Date
Other	\$ _____	_____	_____	_____
		Other Name & Cost Center #	Fund Advisor/Administrator Signature	Date

**Travel Support Approved:**

In accordance with NIU Travel Guidelines and Restrictions (Executive Order 15-08). Request is approved if signed below. If not approved, please explain:

\_\_\_\_\_

_____	_____	_____	_____
Dean/Unit VP, or designee, Signature	Date	Provost Office Designee Signature	Date