

OFFICE OF THE DEAN

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A&S TRAVEL FUNDING REQUEST

*Completing this form does not guarantee approval. All requests must be submitted prior to travel dates.
Limited to \$1200 per fiscal year for tenure-track faculty & \$500 per fiscal year for full time teaching faculty.*

Name: _____ Department: _____
Current Job Title: _____ E-mail: _____
Conference Name: _____
Conference Location: _____ Travel Dates: _____

Brief description/purpose of conference. **Please attach acceptance letter when submitting application.**

Will you be presenting? Yes No

Estimated Budget: \$_____ *Please do not include membership and subscription fees.*

Requested Amount: \$_____ Amount provided by Dept: \$_____

Amount provided by other (please specify): \$_____

Please contact your department admin if you would like to use your \$325 in faculty development funds for this travel.

Requestor Signature Date

Department Chair Signature Date

Dean's Signature Date

Approved Amount: \$_____

Chartfield String: _____

Please allow a minimum of 2 weeks for your request to be processed. Notification of approval/denial will be communicated via e-mail from the Dean's Office.