

**INDIANA UNIVERSITY
JACOBS SCHOOL OF MUSIC
REQUEST FOR TRAVEL FUNDING, 2009–10**

Revised October 2009

Please read the Travel Policies and Procedures before completing this form. Print legibly or type. Submit this form, along with any supporting documentation such as letters of invitation, conference descriptions, programs, etc., to Brian Horne in MU004C. Do not submit receipts with this form.

PERSONAL INFORMATION

Name _____

Department _____

Campus Phone _____

Email _____

DESCRIPTION OF EVENT

Name of Event _____

City/State/Country of Event _____

Dates of Event _____

Dates of Travel _____

Describe the event, your role (performer, presenter, session chair, participant, attendee, etc.), and provide a brief description of the importance of the event toward your professional development.

List any additional funding support you have sought or are receiving, including stipends, support from the Overseas Conference Fund, etc.

COST ESTIMATE

Place an asterisk (*) by any amount that is already known or fixed, such as hotel room costs, airline tickets already reserved, registration fee, etc.

Transportation:

Airfare (name of carrier: _____) \$ _____
_____ miles at \$0.485 per mile (first 500 miles) \$ _____
_____ miles at \$0.24 per mile (for miles 501-3000) \$ _____
Other (specify: _____) \$ _____
Total transportation \$ _____

Lodging:

Name of hotel _____
Number of nights _____ Cost per night \$ _____ Total lodging \$ _____

Miscellaneous:

Registration fee \$ _____
Other (specify: _____) \$ _____
Total miscellaneous \$ _____

Total Requested \$ _____

FUNDING FROM OTHER SOURCES

This section must be completed by faculty and staff who will be using funds from sources other than the School of Music Travel Fund. This would include grants, research accounts, stipends, sponsors, etc.

IU Accounts:

Account	Limit	Sub-Account	Object Code	Sub-Object Code	Acct. Mgr. Sign
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____

Outside Funding:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total other funding	\$ _____

SIGNATURE

Applicant Signature _____ Date _____

COMMITTEE USE ONLY

Date received _____	Total amount approved \$ _____
Date considered _____	Total amount disbursed \$ _____
Recommendation: ____ approve ____ partial support ____ deny	Comments _____

Travel committee chair _____