



## EASS TRAVEL PROPOSAL FORM

Name (print): \_\_\_\_\_

Cost: \_\_\_\_\_

# of Times Traveled this FY: \_\_\_\_\_

Student  Staff

Name (print): \_\_\_\_\_

Cost: \_\_\_\_\_

# of Times Traveled this FY: \_\_\_\_\_

Student  Staff

Name (print): \_\_\_\_\_

Cost: \_\_\_\_\_

# of Times Traveled this FY: \_\_\_\_\_

Student  Staff

Travel Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Approximate Cost (please include registration, transportation, meals, lodging and per diem): \$ \_\_\_\_\_

Overnight:  No  Yes

Out of State:  Yes  No

Total: \$ \_\_\_\_\_

General Funds-ORG: \_\_\_\_\_

Grants-ORG: \_\_\_\_\_

Auxiliary-ORG: \_\_\_\_\_

How do you feel this would benefit the College? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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How do you plan to share the information with your colleagues/coworkers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach the following information to your proposal:**

- Conference Informational Brochure
- Conference Agenda highlighting sessions you will be attending
- Cost Breakdown

**\*Please Complete Travel Evaluation Form Upon Return.**

Director (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President/Provost (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_