

Illinois State University School of Music
Faculty Professional Development Travel Award Request Form

Name: _____ School: _____ Today's Date: _____

Office Phone: _____ email: _____

Academic Rank/Position: _____

Scope of Travel: International _____ National _____ Regional _____ State _____

Provide an explanation of the purpose of the travel

Location: (city, state) _____ Dates: _____

Purpose of travel: _____

If travel is to a professional conference, please complete the following:

Conference title: _____

Name of sponsoring organization: _____

Presenting? Yes _____ No _____

Board Member? Yes _____ No _____

Other official capacity? (describe) _____

Cost estimates: Do not submit receipts with this application.

Conference, workshop, etc. registration and fees \$ _____

Transportation \$ _____ mode: _____

Lodging \$ _____

Meals (per diem) \$ _____ \$28/day in-state, \$32/day out-of-state

Car rental \$ _____

Total cost of travel \$ _____

Funds received from other sources

(i.e. event host, grants, etc.) \$ _____

Applicant's Signature _____ Date _____

Director

Date