

Faculty Travel Request Form  
(Request for travel funds from OLRFACD)

Name of Traveler: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Purpose of Trip or Conference/Meeting Name	Dates of Travel	Destination	*Approximate Expenses	Index	Approved/ Denied
				OLRFACD	
				OLRFACD	
				OLRFACD	

\* Approximate Total Expense: includes registration, airfare, hotel, meals, transportation, tips, etc.

Notes/Justification: