



VASSAR COLLEGE

Professional Travel Funding Request

All fields must be completed for consideration.

NAME _____ BOX # _____ DEPT. _____

DATES OF TRAVEL _____

LOCATION _____

NAME OF CONFERENCE _____

I will be attending this conference.

participating in

If participating please indicate one of the following:

Paper/Research Presentation
(formal presentation of research or creative work
-includes posters, performances & exhibitions)

Organizing a session

Serving on a panel

Chairing a session

Other _____

Details on participation in the conference (exp: paper title, panel or session subject, etc.) _____

Original receipts must be submitted for reimbursement within 120 days upon completion of travel.

All receipts must be originals --NO COPIES or FAXES PLEASE!

SIGNATURE

DATE SUBMITTED

CHAIR APPROVAL

DATE

All requests must be preceded or followed up by email approval from your department chair.