

**UNIVERSITY OF HAWAI'I • UNIVERSITY RESEARCH COUNCIL  
Faculty Travel Fund Application Form**

**Read the guidelines!** Submit 5 sets (typed original + 4 copies) of this form and all other required documents (see guidelines) to the URC at Spalding 357. Incomplete applications will not be considered.

Date of Submission \_\_\_\_\_ Department \_\_\_\_\_

Name \_\_\_\_\_

Rank \_\_\_\_\_ Number of Full Years as UH Faculty/Staff \_\_\_\_\_ Office Telephone \_\_\_\_\_

Conference \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Title of Presentation \_\_\_\_\_

**FUNDS REQUESTED AND ESTIMATED EXPENSES (Total must not exceed \$2,000.)**

AIRFARE	CONFERENCE FEE	GROUND TRANSPORTATION	LODGING & MEALS (Estimated)	TOTAL

Source of airfare quotation (Lowest Fare Available) \_\_\_\_\_

At the time of proposed travel, will you be on sabbatical leave or leave without pay? Yes [  ] No [  ]

If yes, indicate type, period and location of leave: \_\_\_\_\_

Do you have or are you seeking funds from other sources for the proposed travel? Yes [  ] No [  ] If yes, explain: \_\_\_\_\_

Do you have an active grant or award that includes travel funds? Yes [  ] No [  ] If yes, explain why you cannot use it: \_\_\_\_\_

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

**RECOMMENDED BY**

Department Chair \_\_\_\_\_  
Print Name
Signature
Date

College Dean/Director \_\_\_\_\_  
Print Name
Signature
Date

**URC RECOMMENDED ACTION**

Reported \_\_\_\_\_ University Research Council. Date \_\_\_\_\_