



FSU FACULTY TRAVEL GRANT APPLICATION

Please return the entire application packet no later than March 15, by 5 p.m., for Spring travel of same year or no later than October 15, by 5 p.m., for Fall travel of same year to the attention of the Provost's office, provost@fsu.edu.

Note: This form will provide a print-friendly format—do not hand write application. Your information will not be sent electronically. Older versions of this application will not be accepted.

Full Name: _____ Date (MM/DD/YY): _____
Faculty Rank: Professor Associate Professor Assistant Professor EMPL ID# _____

(All Applicants must be tenured or tenured earning)

FSU Department: _____
School/College: _____
Campus Mail Code: _____ Telephone: _____ Email Address: _____

Departmental Travel Representative: _____
Telephone: _____

Title of Meeting: _____

Location (City/State/Country): _____
Date of Meeting (MM/DD/YY - MM/DD/YY): _____

Please check one of the following:
Spring (Travel takes place between January 1 - June 30)
Fall (Travel takes place between July 1 - December 31)

Please check one of the following: Regional National International

Brief Description of Nature of Meeting and of the Sponsoring Organization: _____

Is this a regularly occurring meeting (annual, semi-annual, etc.)? Yes No

Title of Presentation: _____

Type of Presentation:
Paper/Oral Performance
Poster Other (Specify): _____

(NOTE: If a poster, provide evidence that this is the only option for presentation or that other forms of presentation are severely limited.)

Has your abstract, paper or presentation been peer reviewed? (i.e., was it reviewed for acceptance in the program?)

Yes No This was an invited paper or talk (Specify):

Are you the presenter? Yes No

Co-Authors (if any) and their affiliation:

(NOTE: To be eligible, you must be the person who actually presented the paper)

IN-PERSON CONFERENCE _____

VIRTUAL CONFERENCE _____

(only eligible for conference registration fees)

Please indicate the total amount you are applying for (up to \$1000 within the U.S./\$1500 for International): \$

Check below each item of supporting documentation that you have appended. Please note that applications missing pieces of documentation will **not** be considered for an award.

Acceptance letter or e-mail (REQUIRED)

Conference program or printed web page(s) (can be preliminary) showing your name/presentation information, conference title, place, and date (REQUIRED)

Copies of actual receipts (if travel already taken) OR copies of estimates (from company/website)for: (REQUIRED)

Airfare / Railroad / Bus

Mileage (personal vehicle) (miles x \$0.445)

Rental car

Hotel

Taxi (estimate OK)

Conference registration fee

Parking fees (estimate OK)

ALL TRAVEL MUST ADHERE TO CURRENT TRAVEL RESTRICTIONS.

Which alternative sources of support are available to you?

In which of the last three academic years (if any) have you received funds from this program? (If none, please list as NONE; for actual, list as per "Fall 2008," etc.)

Applicant Signature (may be electronic) Date

Department Chair or Head Signature
(may be electronic)

Date

NOTE: This form cannot be saved to your computer once it has been filled out. Please be sure to print out a copy before you close the document, and include the signed version with your scanned information in one set to: provost@fsu.edu.

09/01/2021