FACULTY REQUEST FOR RAC TRAVEL FUNDS Attach Additional Pages as Needed

NAME:						
Meeting	Name:					
	Meeting:					
	Website:					
U	-					
Signfican	ce of Travel:					
BUDGET	:					
	AIRFARE					
	MILEAGE					
	TAXI/SHUTTLE					
	MEALS					
	REGISTRATION	1				
	ABSTRACT FEE					
	OTHER					
	TOTAL	\$-				
	SOURCES: TYPI	ICALLY RAC DO	ES NOT PROV	/IDE MORE THAN ONE-THIF	RD OR \$500 FOR DOMESTIC TRA	VEL
	RAC			(requested amount		
	DEPARTMENT			(approved or reque	ested?)	
	OTHER			(identify)		
	TOTAL	\$-				

DEPARTMENT HEAD APPROVAL:

DATE: