

OFFICE OF  
INTERNATIONAL EDUCATION AND PROGRAMS

Faculty International Travel Grant Payment Form

**Name of Traveler:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Travel To:** \_\_\_\_\_  
**Purpose:** \_\_\_\_\_  
**Dates:** \_\_\_\_\_

**Expenses** (Please attach receipts):

Lodging \_\_\_\_\_  
Transportation \_\_\_\_\_  
Meals \_\_\_\_\_  
Mileage ( \_\_\_\_\_ @ .55 cents/mile) \_\_\_\_\_  
Registration \_\_\_\_\_  
TOTAL \_\_\_\_\_

**Other Funding** (Source and amount)

Department: \_\_\_\_\_  
Dean: \_\_\_\_\_  
Other: \_\_\_\_\_  
TOTAL ( \_\_\_\_\_ )

**Total Expenses** (Minus Other Funding): \_\_\_\_\_

For Office Use Only	
<b>Travel Grant Amount:</b>	_____
<b>Difference between Travel grant amount &amp; total expenses:</b>	_____
<b>Amount of travel grant to be paid to grantee:</b>	<input type="text"/>

Return to the OIEP at 100 Sheldon Hall