

OFFICE OF  
INTERNATIONAL EDUCATION AND PROGRAMS

Faculty International Travel Grant Payment Form

Name of Traveler:

Soc. Sec. No.: xxx / xx I \_\_\_\_\_

Perm. Address:

Email:

Travel To:

Purpose:

Dates:

**Expenses** (Please attach receipts):

Lodging

Transportation

Meals

Mileage ( @ .50 cents/mile)

Registration

TOTAL

**Other Funding** (Source and amount)

Department:

Dean:

Other

TOTAL

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

For Office Use Only

Travel Grant Amount:

Difference between Travel grant amount & total expenses:

Amount of travel grant to be paid to grantee:

Return to the OIEP at 100 Sheldon Hall