

OFFICE OF  
INTERNATIONAL EDUCATION AND PROGRAMS  
Faculty International Travel Grant Payment Form

Name of Traveler: \_\_\_\_\_  
Soc. Sec. No.: xxx / xx / \_\_\_\_\_  
Perm. Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Travel To: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Dates: \_\_\_\_\_

**Expenses** (Please attach receipts):

Lodging \_\_\_\_\_  
Transportation \_\_\_\_\_  
Meals \_\_\_\_\_  
Mileage ( \_\_\_\_\_ @ current rate) \_\_\_\_\_  
Registration \_\_\_\_\_  
TOTAL \_\_\_\_\_

**Other Funding** (Source and amount)

Department: \_\_\_\_\_  
Dean: \_\_\_\_\_  
Other \_\_\_\_\_

TOTAL \_\_\_\_\_

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

**Signature/ Date** \_\_\_\_\_

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