

**College of Applied Health Sciences
University of Illinois
TRAVEL FUND APPLICATION FORM
110 Huff Hall, MC-586**

Date Application Submitted: _____

Destination (include name of City and State or Country): _____

APPLICANT INFORMATION:

Rank: (Please check the box beneath the appropriate title.)

Professor

Assoc Prof

Ass't Prof

Full Name (First Name, Middle Initial, Last Name) _____

E-mail _____

Telephone Number _____

Department/Unit Name _____

Campus Address including Mail Code _____

CONFERENCE INFORMATION:

Name of Conference _____

Sponsoring Organization(s) _____

Official Dates of Conference
(Attach a photocopy of the Conference Flyer) _____

Number of Days Attending Conference
(Excluding travel days) _____

Title of Conference Paper(s), Poster, or Other Activity (Attach a photocopy of acceptance or invitation letter) _____

Budget Total _____
(Attach itemized budget)

Amount Requested from AHS Travel Fund _____

SUPPORT INFORMATION:

Support from Sponsor of Conference _____

Departmental Contribution _____

College (or other) Contribution _____

SIGNATURES:

Applicant _____

Unit Executive Office _____

AHS requires that there be a presentation of original work. Provide a brief abstract of the presentation indicating originality. (Please respond in the provided space or on an attached page.)

Please return this completed form (signed by you and your department head or unit director) and all supporting materials to:

*Bill Stewart
Interim Associate Dean for Academic Affairs
College of Applied Health Sciences
110 Huff Hall, MC-586*