



Office of Academic Affairs
Application to Request Travel Funds to Visit Funding Agency

Name:
College:
Position:
Date of proposed travel:

Agency to visit:

Purpose of visit:

Estimated Costs of Travel

Car:
Plane:
Train:
Hotel:
Meals:
Local Travel (Taxi):
Other:

Signature of traveler:

Date:

Signature of Grants Officer:

Date:

Completed form carrying both signatures must be submitted to the Office of Academic Affairs (see address below) at least one week prior to date of travel. If approved the form will be signed and returned to the applicant.

Approved by Office of Academic Affairs: Yes _____ No _____

Signature:

Funds must be paid at time of travel and will be reimbursed directly to applicant. Upon completion of travel complete a Research Foundation *Travel Expense Voucher and Request for Payment Form (RF-041)* and attach all receipts. Please send to:

Dr. Gillian Small
Associate University Dean for Research
Office of Academic Affairs
City University of New York
Office of Academic Affairs
535 East 80th Street, 5th Floor
New York, NY 10021

Phone: (212) 794-5417
Fax: (212) 794-5378