

CASE WESTERN RESERVE UNIVERSITY
Department of Modern Languages & Literatures
Request for Travel Support

Travel requests for the year (July 1 to June 30) should be submitted by the end of Sept. to the chair, and so on if possible. If requests are not submitted well before travel, funds cannot be guaranteed. The non department limit for travel funds per fiscal year is \$1,000 per tenured and tenure-track faculty members. Instructors, visitors, and lecturers may expect up to \$500. The exact amount will depend on total requests received. Funds are contingent upon availability.

THIS FORM SHOULD GO TO THE CHAIR; YOU WILL RECEIVE A COPY WITH THE AUTHORIZED AMOUNT

DMLL Travel Policy is to support faculty whose travel is to read a refereed paper.

Eligible Expenses are:

- Cheapest airfare available or mileage at the University approved rate (currently \$.405 cents per mile) for use of personal vehicle (airport parking is **not** included). Please see Desirée for information about university preferred travel agencies
- Airport limousine or shuttle to and from hotel and airport-- **in host city only**
- Hotel (half double-occupancy rate is preferred)
- Food (\$10-breakfast, \$12 lunch and \$26 dinner) **you will need receipts for everything**
- Conference registration fee

Fill in All Appropriate Information:

Name of traveler: _____

Travel dates: from _____ to _____ destination: _____

Reason for travel: _____

Title of paper (please submit the title as it appears on the program): _____

Name of organization/association: _____

FUNDS REQUESTED: Airfare: \$ _____	or Mileage @ \$.405: _____
Airport shuttle (destination city only):	\$ _____
Hotel:	\$ _____
Food:	\$ _____
Registration fee:	\$ _____
TOTAL REQUESTED:	\$ _____

CLASSES MISSED: List here any classes that you will miss as a result of travel and the arrangements you have made for them in your absence. The request cannot be honored without this information.

<u>CLASS</u>	<u>DAY/TIME</u>	<u>ARRANGEMENTS</u>

TOTAL APPROVED AMOUNT \$ _____

APPROVED: _____
Department Chair

DATE: _____

DEPARTMENT ASSISTANT RECEIVED: _____
Initial

DATE: _____