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-reimbursable department limit for travel funds per fiscal year is $1,400 per tenured and tenure-track faculty member. 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

DMILL 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 $4.05 cents per mile) for travel by personal vehicle (airport parking is not included). Please see Desiree for information about university-preferred travel agencies.
- Airport limousine or shuttle to and from hotel and airport—only 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 @ $4.05: _____________________________

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.

CLASS _______ DAY/TIME _______ ARRANGEMENTS _______


TOTAL APPROVED AMOUNT $ _______

APPROVED: _____________________________________ DATE: __________

DEPARTMENT CHAIR: ___________________________ DATE: __________

DEPARTMENT ASSISTANT RECEIVED: ___________________________ INITIAL: __________ DATE: __________