

**LAMAR DODD SCHOOL OF ART
TRAVEL SUPPORT REQUEST**

Traveler's Name: _____

810#: _____

ROLE: _____ Exhibition
 _____ Presenter _____ Board Member _____ Panel
 _____ Attendee _____ Research _____ Chair

Nature of Official Business: _____

Title of Presentation: _____

Justification for travel:

Dates to be absent from campus: _____
Time of Departure: _____
Mode of Travel: _____

Address while absent (City and State):

Means of handling classes while absent :

External Funding Source is Applicable:

Itemized Estimate of Costs:

Meals: _____

Lodging: _____

Transportation: _____

Other (explain): _____

Total Funds Requested:

0 _____

Traveler's signature: _____ Date: _____

Department Head or Director: _____ Date: _____

Please attach abstract if applicable.