

**Lehman College**  
**Travel Budget and Justification Form**

**1. Amount of Request: \$** \_\_\_\_\_

**2. Faculty Member Information:**

Name: \_\_\_\_\_

Rank or title: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office Ext #: \_\_\_\_\_

**3. Purpose of travel:**

Name of Sponsoring Organization: \_\_\_\_\_

Location of Workshop/Conference: \_\_\_\_\_

Dates of Conference: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

**While attending the conference/exhibit/recital will you be presenting/exhibiting/performing or facilitating/moderating/chairing a session?**

Y \_\_\_\_\_ N \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Describe below your proposed activities and how they impact the College mission, departmental strategic plan, and your teaching or scholarly program of work (attach up to one additional sheet).**

**4. Please describe the arrangements for covering your teaching, advising and other commitments during travel dates.**

**5. Sources of travel funding:**

**Are you receiving funding support from other sources for this trip?**

Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please list the name of the source and \$ amount:

Source: _____	\$ Amount _____
Dean's Office	_____
PSC CUNY	_____
Department	_____
Grant funding (account #) _____	_____
Personal contribution	_____
Other (please specify) _____	_____

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**6. Budget**

Lodging cost per day \$\_\_\_\_\_ X # of days \_\_\_\_\_ = \$\_\_\_\_\_

Mileage: Number of travel miles \_\_\_\_\_ @ 0.545= \$\_\_\_\_\_

<http://www.osc.state.ny.us/agencies/guide/MyWebHelp/Content/XIII/4/C.htm>

Roundtrip air or train fare \$\_\_\_\_\_

Registration Fee \$\_\_\_\_\_

Other (itemize below) \$\_\_\_\_\_

Amount of Total Request \$\_\_\_\_\_

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Signature of Faculty Member

Date

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Signature of Department Chair

Date

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Signature of Dean

Date

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Signature of Provost

Date