

**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:

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

**Lehman College
Faculty Travel Funding Request**

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 \$ _____

Signature of Faculty Member _____ Date _____

Signature of Department Chair _____ Date _____

Signature of Dean _____ Date _____

Signature of Provost _____ Date _____