



**Request for FY22 Provost International Travel Funds**

Tracking number

Date Submitted: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Faculty Title: \_\_\_\_\_

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

College/School Name: \_\_\_\_\_

Nature of official business: ***(documentation supporting conference participation must be attached)***

Dates of conference related travel: \_\_\_\_\_ - \_\_\_\_\_ Location: \_\_\_\_\_

**Estimate of UGA costs associated with conference presentation**

**Funded and requested amounts**

\$ \_\_\_\_\_ Meals

\$ \_\_\_\_\_ Departmental funds

\$ \_\_\_\_\_ Lodging

\$ \_\_\_\_\_ UGA Grant funds

\$ \_\_\_\_\_ Transportation

\$ \_\_\_\_\_ College/School funds

\$ \_\_\_\_\_ Mileage

\$ \_\_\_\_\_ **TOTAL (Minimum 1:1 match required)**

\$ \_\_\_\_\_ Other (Explain \_\_\_\_\_)

\$ \_\_\_\_\_ **REQUESTED (\$2000 maximum funding)**

**\$ \_\_\_\_\_ TOTAL ESTIMATE NEEDED FROM COLLEGE/SCHOOL and PROVOST INTERNATIONAL TRAVEL FUNDS**

Requested by:

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Vice President Signature

\_\_\_\_\_  
Date

**Dean/Vice President's Office should submit the completed form to: Academic Fiscal Affairs, [afa@uga.edu](mailto:afa@uga.edu)**

Approved:

\_\_\_\_\_  
Sr. VP for Academic Affairs & Provost

\_\_\_\_\_  
Date

\$ \_\_\_\_\_  
Amount approved