



Request for FY23 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

Approved:

Sr. VP for Academic Affairs & Provost

Date

\$ _____
Amount approved