## UNIVERSITY of HOUSTON OFFICE OF THE PROVOST

## Provost's Travel Fund Application

Academic Year 2015-2016

Please fill in all sections. Incomplete applications will be returned to the applicant. Applications must be signed by your department chair and college dean. Submit the application and supporting documentation as <u>one pdf</u> to <u>oselley@uh.edu</u> by the deadline. Only electronic copies will be accepted.

If you have not received an acceptance confirmation from the venue by the submittal deadline, please submit application as soon as acceptance is received. Any other late submittals are not accepted.

I						
Applicant Det	tails					
Applicant Name	: LAST		FIRST			
Email:		Phone:	Phone:			
Faculty Rank:	Professor	Associate Professor	Assis	stant Professor		
Librarian Rank:	Librari	an Associate Lib	rarian	Assistant Lib	rarian	
College:						
Department:						
Travel betwee	n March 1, 2016	2015 – February 29, 2016 - May 31, 2016 (Deadlin August 31, 2016 (Deadl	ne: January	25, 2016 by 5pi	•	
Meeting Deta	ils					
Title of Meeting	:					
Sponsoring Orga	anization:					
Meeting Website	e URL:					
Location (City/S	state/Country):	City	State		Country	
Dates of Meeting	g (MM/DD/YY	- MM/DD/YY):		-		
Is this a regularly	y occurring mee	eting (annual, semi-anr	ıual, etc.)?	ı		
Yes	No					
Is this a meeting Nation		r international conferer	nce?			

University of Houston ◆ Office of the Provost ◆ Ezekiel W. Cullen ◆ 4302 University Drive RM 203 ◆ Houston, TX 77204 Office: 713-743-6894 ◆ uh.edu/provost

## UNIVERSITY of HOUSTON OFFICE OF THE PROVOST

Presentation Details
Title of Presentation:
Type of Presentation: Paper
Poster
Performance
Other (Specify):
Has your abstract, paper, or presentation been peer reviewed and documentation attached?  Yes No
NOTE: To be eligible, you must provide evidence that there was a peer-review process such that
the presentation might have been rejected
Are you the presenter?
Are you the presenter? Yes No
NOTE: To be eligible, you must be the person who actually delivers the presentation.
Co-Authors (if any) and their affiliation:
Travel Cost Estimate
A
Amount Requested (maximum \$1200.00):
Please provide a cost estimate of your trip:
Registration Fee
Economical Airfare
Ground Transportation
Lodging
Meals
Other
TOTAL

## UNIVERSITY of HOUSTON OFFICE OF THE PROVOST

Prior Support	
In which of the last three academic years have you received full Please specify semester(s) and year(s).	ands from this program, if any?
NOTE: Please print completed form and obtain appropria must be attached to the signed application indicating that you or have presented at the meeting and that there was a peer-rev presentation might have been rejected.	have been accepted as a presenter
Submit the application and supporting documentation <u>as one p</u> deadline. If you have any questions, please email Olga Selley	
IMPORTANT: The request for reimbursement, including requ submitted to the department business office no later than 60 da	
Required Signatures	
Faculty Member	Date
Department Chair	Date

Date

College Dean