**CLAS FACULTY TRAVEL GRANT APPLICATION**

Please provide the information requested. Return along with your **airline itinerary** to Carol Robison at [robison.26@osu.edu](mailto:robison.26@osu.edu). This document is an MS Word table, in the event of formatting issues.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Your name as it appears on official ID: | | | |
|  |  | | | |
| 2. | Date of application: | | | |
|  |  | | | |
| 3. | Date of departure: | | | |
|  |  | | | |
| 4. | Date of return: | | | |
|  |  | | | |
| 5. | Country/countries of destination: | | | |
|  |  | | | |
| 7. | Total trip budget and other sources of funding supporting this travel (needed for grant report): | | | |
|  |  | SOURCE | AMOUNT | TO BE USED FOR (airfare, mileage, lodging, meals, etc.) |
|  |  | OSU department: |  |  |
|  |  | Other OSU grants/awards: |  |  |
|  |  | Other grants/awards: |  |  |
|  |  | CLAS travel grant: | $500 |  |
|  |  | Personal |  |  |
|  |  | ESTIMATED TOTAL BUDGET: |  |  |
|  |  | | | |
| 8. | Your department: | | | |
|  |  | | | |
| 9. | Your department’s fiscal officer and contact information: | | | |
|  |  | | | |
|  |  | Name: | | |
|  |  | Position: | | |
|  |  | E-mail: | | |
|  |  | Phone: | | |
|  |  |  | | |
| 10. | Describe briefly the purpose of this travel (conference, research, etc.), your travel plans, and how this trip will benefit Latin American Studies at OSU. (Needed for US Dept. of Education approvals and reports) | | | |
|  |  | | | |