

**Department of Spanish and Portuguese
Application for Transit Program Travel Funds**

Faculty Name: _____

Purpose of Travel: _____

Name of host institution:

Title of paper to be presented or other justification for travel:

Date(s) of travel: _____

Amount requested: \$ _____

Expense details (i.e. airfare, ground transportation, lodging, meals, registration fees)

** Please submit completed application and any other applicable documentation to
Adriana Rosalez (Front Office Coordinator) for submission to Chair.

**Transit Program Coordinator and Department Chair approval required before
funds are dispensed.**

Approved? YES NO

Program Coordinator Signature _____ Date: _____

Chair's signature: _____ Date: _____

Please note: Please see Adriana Rosalez regarding travel reimbursement requirements
and information, 5310 Rolfe Hall.