

**Lehman College  
Travel Budget and Justification Form**

**1. Amount of Request: \$** \_\_\_\_\_

**2. Faculty Member Information:**

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

Rank or title: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office Ext #: \_\_\_\_\_

**3. Purpose of travel:**

Name of Sponsoring Organization: \_\_\_\_\_

Location of Workshop/Conference: \_\_\_\_\_

Dates of Conference: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

**While attending the conference/exhibit/recital will you be presenting/exhibiting/performing or facilitating/moderating/chairing a session?**

Y \_\_\_\_\_ N \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Describe below your proposed activities and how they impact the College mission, departmental strategic plan, and your teaching or scholarly program of work (attach up to one additional sheet).**

**4. Please describe the arrangements for covering your teaching, advising and other commitments during travel dates.**

**5. Sources of travel funding:**

**Are you receiving funding support from other sources for this trip?**

Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please list the name of the source and \$ amount:

<u>Source:</u>	<u>\$ Amount</u>
Dean's Office	_____
PSC CUNY	_____
Department	_____
Grant funding (account #) _____	_____
Personal contribution	_____
Other (please specify) _____	_____

