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/recita facilitating/moderating/chairing a session?	I will you be presenting/exhibiting/performing or
Y N Not Applicable	
	ow they impact the College mission, departmental program of work (attach up to one additional sheet).

Please describe the arrangements for covering your teachin during travel dates.	g, advising and other commitments
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:	
Source:	\$ Amount
Dean's Office	
PSC CUNY	
Department	
Grant funding (account #)	
Personal contribution	
Other (please specify)	

Lehman College Faculty Travel Funding Request

6. Budget								
Lodging cost p	er day	\$	X	# of days _		_=	\$	
Mileage	# of tra	vel miles	@	.0575		=	\$	
		.ny.us/agend						.htm
Roundtrip air or train fare Registration Fee						\$		
						\$		
Other (itemize below)						\$		
Amount of Tot	tal Reque	st				\$		
Signature of Fa	aculty Me				Date			_
Signature of re	acuity ivid	inder			Date			
Signature of Department Chair			Date					
Signature of Dean				Date				
Signature of P	rovost				Date			