BU Goldman School of Dental Medicine

**Request for Travel Support**

Name: _____ Email Address: _____

Department: _____ Phone #: _____

Rank: ☐ Asst. ☐ Assoc. ☐ Prof. ☐ Staff ☐ Student ☐ Other: _____

Trip dates: _____ to _____ Total days away from School: _____

Destination: _____ Sponsoring Agency: _____

If this is a professional meeting is it: ☐ State ☐ Regional ☐ National ☐ International

Define Purpose of Travel: _____

Are you traveling as an invited guest on behalf of an organization that is financially sponsoring some portion of your travel (airfare, hotel, meals, etc.): ☐ Yes ☐ No

If yes, please describe why you seek additional Boston University support to cover your expenses:_____

Cost Estimate

| | | | |
|---|---|---|---|
| Transportation | $_____ | Miscellaneous Expenses | $_____ |
| Mileage ($.585) | $_____ | | |
| Airfare | $_____ | Explain: _____ | |
| Taxi/Shuttle | $_____ | | |
| Parking | $_____ | _____ | |
| Hotel/Lodging | $_____ | | |
| Registration | $_____ | _____ | |
| Meals (May not exceed $75/day) | $_____ | | |

Total Estimated Cost of Trip $_____

☐ I acknowledge that this trip represents travel to further the educational and business activities of Boston University and is therefore appropriately funded by the use of University resources. (See www.bu.edu/travel )

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Signature of Traveler | UID | Date |

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | $_____ |
| Department Chair/Director | Date | Account | Amount |
| *For student travel only* _____ | _____ | _____ | $_____ |
| Asst. Dean Academic Affairs (DMD)/Postdoc. Dir. | Date | Account | Amount |
| _____ | _____ | _____ | $_____ |
| Dean/Budget | Date | Account | Amount |

Please complete and forward to the Office of the Dean, G-317. Fax: 638-4490.