CASE WESTERN RESERVE UNIVERSITY
Department of Modern Languages & Literatures
Request for Travel Support

Travel requests for the year (July 1 to June 30) should be submitted by the end of Sept. to the chair, and sooner if possible. If requests are not submitted well before travel, funds cannot be guaranteed. The normal department limit for travel funds per fiscal year is $4,000 per tenured and tenure-track faculty member. Instructors, visitors, and lecturers may expect up to $2,500. The exact amount will depend on total request received. Funds are contingent upon availability.

THIS FORM SHOULD GO TO THE CHAIR; YOU WILL RECEIVE A COPY WITH THE AUTHORIZED AMOUNT

DMLL Travel Policy is to support faculty whose travel is to read a refereed paper.

Eligible Expenses are:
- Cheapest airfare available or mileage at the University approved rate (currently $.405 cents per mile) for use of personal vehicle (airport parking is not included). Please see Desiree for information about university preferred travel agencies
- Airport limousine or shuttle to and from hotel and airport-- in host city only
- Hotel (half double-occupancy rate is preferred)
- Food ($10 breakfast, $12 lunch and $26 dinner) you will need receipts for everything
- Conference registration fee

Fill in all appropriate information:

Name of traveler: ____________________________
Travel dates: from ____________________________ to ____________________________
Reason for travel: ____________________________

Title of paper (please submit the title as it appears on the program): ____________________________
Name of organization/association: ____________________________

Funds requested: Airfare: $ ____________ or Mileage @ $.405: $ ____________
Airport shuttle (destination city only): $ ____________
Hotel: $ ____________
Food: $ ____________
Registration fee: $ ____________
TOTAL REQUESTED: $ ____________

Classes missed: List here any classes that you will miss as a result of travel and the arrangements you have made for them in your absence. The request cannot be honored without this information.
CLASS ____________ DAY/TIME ____________ ARRANGEMENTS

Total approved amount $ ____________

Approved: ____________________________ Date: ____________
Department Chair

Department assistant received: ____________________________ Initial: ____________ Date: ____________ 8/24/05