



**Florida A&M University  
Division of Academic Affairs  
Faculty Travel Grant Application**

*Please submit completed application to the Office of Academic Affairs using Interfolio RPT*

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**FUNDING WILL BE USED TO ENHANCE SCHOLARLY RESEARCH ACTIVITY**

**Date:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**School/College:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Check one:     Domestic Travel                       International Travel

**Name of Conference:** \_\_\_\_\_

**Date of Conference:** \_\_\_\_\_

**Location of Conference:** \_\_\_\_\_

**Title and Description of Conference Presentation:**

1. What impact will the Faculty Travel Grant (FTG) award have on your research?

2. Will you develop a manuscript and/or submit a grant pertaining to the research that you are presenting?  Yes  No

3. What benefit will your travel have to the University?

4. Do you have access to research or departmental travel funds?  Yes  No

5. List all of your funded research projects including FAMU project numbers.

6. Have you received a Faculty Travel Grant within the last 24 months?  Yes  No

7. If yes, when was your last travel grant awarded?

**Detailed Budget – Include all items requested for travel:**

Item	Cost or Estimate	Total Cost
Airfare/Railroad/Bus		
Hotel		
Meals (\$36 per day: Breakfast - \$6; Lunch - \$11; Dinner - \$19)		
Mileage		
Registration		
Rental Car		
Taxi		
<b>Total</b>		

*Note: Provide estimates if actuals are not known*

**Please provide the following documentation. (Check List)**

Curriculum Vitae

Conference Program

Submitted Research Abstract

Conference Participation Acceptance Letter

**Faculty Signature**

*I affirm that the information provided in this application is true and accurate. I will not travel until I have received an authorization email from the Office of the Provost. I understand that I will be financial liable for any expenses incurred for unauthorized travel.*

\_\_\_\_\_  
**Faculty Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Chair/Department Head  
Applicant Travel Approval**

Does the department have funding designated for travel?	<input type="radio"/>	Yes	<input type="radio"/>	No
Does the applicant have current funding?	<input type="radio"/>	Yes	<input type="radio"/>	No
Does the applicant have grant funds designated for travel?	<input type="radio"/>	Yes	<input type="radio"/>	No

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chair/Director Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Dean  
Applicant Travel Approval**

Does the department have funding designated for travel?	<input type="radio"/>	Yes	<input type="radio"/>	No
Does the applicant have current funding?	<input type="radio"/>	Yes	<input type="radio"/>	No
Does the applicant have grant funds designated for travel?	<input type="radio"/>	Yes	<input type="radio"/>	No

Comments:

\_\_\_\_\_  
Dean Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date