Request for FY24 Provost International Travel Funds

Traveler's Name:		Department Name:	
Faculty Title:		College/School Name:	
Traveler's Email Address:			
Dates of travel:		Location:	
	_	ravel, be precise in explaining your role at the entation supporting your request (e.g., invit	
B. Estimate of the total travel costs:		C. Enter Matching Funds Amounts:	
\$ Meals		\$ Departmental funds	
\$ Lodging		\$ UGA Grant funds	
\$ Transportation (ground & air	fare)	\$ College/School funds	
\$ Mileage	,	\$ TOTAL (Minimum 1::	
\$ Other (Explain)	·	
\$ TOTAL ESTIMATE OF TRAVEL COSTS		D. Enter amount requesting from Provost International Funds \$REQUESTED (\$2000 maximum funding)	
•	seminar, official schedule	s the proposed activity and contains suppor of meetings, or formal evidence of joint res 	_
Select applicable activity:Developing joint research	Recruiting graduate	tudentsFacilitating new partnership)
Estimate of the total supplemental trave	el costs to support Partne	ership Activity:	
\$ Meals			
\$ Lodging			
\$Transportation (ground & aird	fare)		
\$SUPPLEMENTAL FUNDING	G REQUESTED		
Traveler Signature	Date		
Department Head/Director Signature	Date	Dean/Vice President Signature	Date
Once all signatures are obtained, please sub	mit the completed form &	all supporting documentation to: OGE Travel;	OGETravel@uga.edu.
OGE Office Use:			
OGE Authorized Approver	Date	\$ Amount Approved	