



Request for FY25 Active Learning Travel Funds

Traveler's Name: _____ Department Name: _____

Traveler's Title: _____ College/School Name: _____

Traveler's Email Address: _____

Dates of travel: _____ - _____ Travel Destination: _____

A. Information for Presentation:

Conference/Meeting name: _____

Conference official website: _____

Presentation title: _____

Presentation type (e.g., Research talk, Panel discussion, Posters, etc.): _____

***Attach documentation supporting your request** (e.g., invitation, confirmation and/or acceptance letter)

B. Estimate of the total travel costs:

\$ _____ Meals

\$ _____ Lodging

\$ _____ Transportation (ground & airfare)

\$ _____ Mileage

\$ _____ Other (Explain _____)

\$ _____ **TOTAL ESTIMATE OF TRAVEL COSTS**

C. Enter amount requesting from the Active Learning Travel Fund

\$ _____ **Requested (\$2,500 maximum funding)**

*If total travel costs exceed the support from the Active Learning Travel Fund, recipients are responsible for securing the remaining expenses through other funding sources.

Traveler Signature Date

Department Head/Director Signature Date

Once all signatures are obtained, please submit the completed form & all supporting documentation to Ching-Yu Huang, chingyu@uga.edu

Office of Active Learning Use: _____

CTL/Office of Active Learning Authorized Approver Date \$ _____ Amount Approved