



COLLEGE of FINE ARTS

School of Music

PROFESSIONAL TRAVEL BUDGET ENCUMBRANCE

Name:

Date of Request:

Date(s) of Travel

through

Description of Travel:

Purpose: [ ] Presenting [ ] Attending [ ] Other (explain below):

Ways in which this travel will enhance:

Teaching:

Research/Creative Activity:

Service:

Approximate Cost:

Cash Advance, if needed:

Date Needed:

Signature: \_\_\_\_\_

Date:

[ ] Funding Approved

Amount Approved:

[ ] Funding Not Approved

[ ] Hold Receipts to End of Budget Year for Possible Funding

Comments:

Director, School of Music

Date