Request for Travel Funds – FY 2026

Submit completed form to Administrative Coordinator for processing. Department may be able to fund only a portion of total requested. Reminder that faculty must also complete and submit the VPAA-150.

Name:			Student/Employee ID:		
Title:	Student	Faculty	Staff		Cell:
Purpose:					
Include full name of conference (not just acronym). If you are a presenter, provide a copy of the paper you will be presenting to your department chair. Include any other information to complete your request.					
Destination:			Trip Dates: To: From:		
Estimated Expe	enses:				
Airfare:			Rental Car:		
Lodging:			Personal Car Mileage: Miles x 0.7 =		
Meals: Per Diem?			Parking:		
Registration:			Uber/Lyft/Taxi/Shuttle:		
Other miscellaneous expenses:					
Description:			Estimated Cost:		
Description:			Estimated Cost:		
Do you want UNT to book airfare on your behalf? Yes No					
Total Requested:					
FOR DEPARTMENT ADMIN USE					
Department Approved Total:					
Department Approval Signature:					
Chartstring 1:		Amount:			
Chartstring 2:			Amount:		
Chartstring 3:			Amount:		
If approved, Administrative Coordinator will forward to the Travel Assistant in the CLASS Dean's Office for preparation of the system travel request.					