RETIREMENT ASSOCIATION TRAVEL GRANT APPLICATION

Please use this form/format.

NAME: _________________________________________ DEPT:__________________________________________

SFSU E-MAIL ADDRESS  __________________________________________________________

FACULTY:____ STAFF:____ POSITION/CLASSIFICATION:_______________________________________________

APPOINTMENT: FULL-TIME:____ PART-TIME:____ TIME BASE:____

Travel Destination, Dates and Anticipated Expenses:____________________________________________________

Amount of Your Request from the Retirement Association (Maximum of $ 500.):_______________________________

Other Potential Sources of Travel Funding:_______________________________________________________________

Will Your Dept. Support and Approve Your Travel?____________________________________________________

PURPOSE OF YOUR TRAVEL: Describe the reason for travel, e.g., research, training, presentation, networking, etc
Brevity is strongly encouraged. Please employ double spaced type of no less than 12 points.
If necessary, attach no more than one page of double spaced type of no less than 12 points.

SIGNATURE:_________________________________________ DATE:________________________

Please email the completed document as an attachment directly to members of the Travel Grants Committee.
Email addresses will be contained within the CampusMemo Travel Grant announcement.

Revised: October 2017