

SFSU 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 \$ 1,000.): _____

Other Potential Sources of Travel Funding: _____

Will Your Dept. Support and Approve Your Travel? _____

PURPOSE OF YOUR TRAVEL: Describe the reason for travel: 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 all members of the Travel Grants Committee. Email addresses are in the *CampusMemo* Travel Grant announcement.

Revised: October 2019