

YESHIVA UNIVERSITY
OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS
APPLICATION FOR TRAVEL FUNDS

Name of Traveler _____ Phone _____ Email _____

College/School/Unit:

SCW YC SSSB IBC JSS AGI BRGS CSL FGS WSSW

Admissions Library Museum Registrar

Destination _____

Dates _____

Purpose of Travel (Please give details, attach program of meeting, etc.)

Amount Requested:

Mode of Transportation:

For	Amount	By	Yes/No
Transportation		Air	
Accommodations		Rail	
Subsistence		Personal Auto	
Registrations, etc.		Bus	
TOTAL:			

Upon the conclusion of the travel I shall promptly furnish original receipts for all authorized expenditures.

Signed _____ Date _____

Deans' Action _____ Date _____

Disposition _____ Date _____