Hixson-Lied Faculty Development Travel
Form Version: 2
Form ID: 0

Project Information

* Project Title

* Name

* Title/rank

* Department

* Proposed development activity

* Relevance to your research and/or teaching

If this grant is awarded, this page will serve as pre-trip authorization for travel associated with the grant

Expenses

Airfare

Travel from (city)

Departure date

Travel to (city)

Return date
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local ground transportation (taxi, bus, train)</td>
<td></td>
</tr>
<tr>
<td>Personal vehicle (mileage rates at <a href="http://travel.unl.edu/policies/mileage-reimbursement">http://travel.unl.edu/policies/mileage-reimbursement</a>)</td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
</tr>
<tr>
<td>Meals (see <a href="http://travel.unl.edu/policies/food-reimbursement-policy">http://travel.unl.edu/policies/food-reimbursement-policy</a>)</td>
<td></td>
</tr>
<tr>
<td>Registration fee</td>
<td></td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
</tr>
</tbody>
</table>
Income

Please list other funding awarded or committed for this activity

Unit (Department or School)

Honorarium/Stipend

Personal contribution

External funding (outside HLCFPA) - List source(s) below

Total Income

Other Potential Income

Please list other funding pending for this activity (List sources and amounts)
Total Potential Income

Requested Amount

* Total Amount Requested

Explanation of budget items

Please use this box to provide any details that will help clarify your expenses and income.