Department of Philosophy 85 Humanities Instructional Building (949) 824-6525 philos@uci.edu

UCIRVINE

PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM

First Name: Last Name	
REQUEST	
Description of Request: (Please indicate the purpose of trave	el- conference, workshop, etc., the dates of
listed event(s) and attach documentation of the event(s) to the	nis form)
	,
I am	
□ Presenting	
☐ Attending	
☐ Other:	
Please check the boxes and fill out additional information th	at will correspond to your trip.
☐ Airfare	
Departure Date: / / Airport: l	Return Date: / / Airport:
☐ Hotel	-
Preferred Hotel:	
Check-In Date: / /	Check Out Date: / /
☐ Transportation Needed:	
☐ Meals Needed:	
Have you applied for any other external funding? If so, p	llease explain
Signature:	Date: / /
ADDDOVAL (F. OCC. H. O.1.)	
APPROVAL (For Office Use Only)	
☐ Airfare:	
□ Hotel:	
☐ Transportation Needed:	
☐ Meals Needed:	
Authorized By:	Date://
<u> </u>	