

School of Music Travel Funding Request

Faculty Member's Name:	Email:
Buff ID#:	Phone:
Request 1	
Date(s) of Activity:	Location(s)
Activity Type:	
Scope:	WT Student Participation:
Air/Rental Estimate:	Lodging Estimate:
	Total Requested:
Request 2	
Date(s) of Activity:	Location(s)
Activity Type:	
Scope:	WT Student Participation:
Air/Rental Estimate:	Lodging Estimate:
	Total Requested:
Request 3	
Date(s) of Activity:	Location(s)
Activity Type:	
Scope:	WT Student Participation:
Air/Rental Estimate:	Lodging Estimate:
	Total Requested: