STUDY ABROAD INCENTIVE FUND APPLICATION

Date:	School/Dept:	
Name:	E-mail:	
Faculty ID Number:		
Phone:	Destination:	
Name & course number:	Dates of travel:	
	Total # of days Traveling:	
No. of students:		
Name(s) of other faculty participating in trip: Note: Each faculty participant must turn in an incentive application.		
Payment options: (Please check one of the boxes below)		
Payroll check 10010-4596-6110-4100 Adm Salaries - Reg Sal & Wages 10010-4596-6165-4100 Adm Salaries - PT Sal & Wages (subject to payroll taxes; paid on next regular paycheck)		restricted account 9-8510-9500
Sgnature of applicant:	[Date:

Do not write below this line

Application approved

Application denied, Reason:

Eligible Amount: \$_____

Approved by:

Director of Sister School Programs

Date

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