

Dept of Dentistry

TRAVEL FUNDING POLICY

The practice of funding academic travel is not a regular occurrence in other University departments; normally travel is funded by a faculty member's PEA or research grant. This funding is meant to support research and is to be treated as a privilege and not an expectation. The Dept of Dentistry will continue to consider applications for funding under the Chair's authority using the following guidelines.

1. Funding, *without application*, may be provided in the following situations:
 - When the Chair requests an academic staff member to represent the Department at meetings or conferences.
 - When an undergraduate's research has been accepted for presentation at a national or international meeting. Where applicable, department funding will augment monies from other sources.
2. Funding, *with application*, to a maximum of \$1000 per fiscal year may be provided in the following situation:
 - When a full-time academic staff member is presenting original research at a national or international meeting. Confirmation of acceptance to be submitted with application which is found in the U-drive (Tools).

Notes:

1. Travel claims are to be covered firstly by other grants and then supplemented, if necessary, by departmental funds.
2. Travel claim is expensed to the staff member's divisional speed code.
3. Travel fund is applicable to the same fiscal year in which travel occurs. In other words, the grant may require approval in the previous fiscal year if travel occurs in April; however, the grant will be applied to the fiscal year in which travel occurs.
4. Travel advances are not permitted.
5. Application must be pre-approved and travel claims must be submitted within three months of travel.
6. Unused funds, or portion thereof, are not carried into the next fiscal year.

NAME: _____

CONFERENCE/MEETING NAME: _____

MEETING DATES: _____

DESTINATION: _____

PRESENTATION TITLE (Attach Paper): _____

SOURCE OF ALTERNATIVE FUNDING (If Available): _____

ESTIMATED EXPENSES (Canadian Funds)

AIRFARE (Economy) _____ ****OTHER:** _____

ACCOMMODATION _____

REGISTRATION FEE(S) _____

OTHER (Itemize **) _____

TOTAL _____

AMOUNT OF ASSISTANCE REQUESTED _____

FURTHER INFORMATION: _____

DATE OF APPLICATION: _____ (DD-MMM-YY)

SIGNATURE: _____

INTERNAL ADMINISTRATION USE ONLY

Amount of Travel Funds Approved: _____

Signature of the Department Chair: _____

Fiscal Year: _____