



**San Francisco State University
Request for Approval of Student Instructionally Related Activities
Travel**

* [See IRA Guidelines](#) before filling out this application

Name: _____ Student ID: _____

Address: _____

Email: _____ Phone Number: _____

Department: _____ College Contact: _____

Destination: _____ Travel Dates: _____

Name of Conference/Meeting: _____

Roles at Conference/Meeting (must be an active participant):

- Oral Presentation
- Poster presentation
- Other (Please specific your role) _____

Note: Support documents must be submitted from conference/meeting organizer (e.g., acceptance letter or name in program)

Estimated Travel Costs:

Transportation:	_____
Lodging:	_____
Meals:	_____
Registration:	_____
Other:	_____
Total requested:	_____

I certify that the travel funding to be issued will be used for University business as stated above.

Traveler's Name: _____ Signature _____

Department Chair's Name: _____ Signature _____

Administrator's Name: _____ Signature _____

Amount recommended for travel by College Dean or Designee (up to \$600.00): _____

For Academic Affairs Use Only

Provost Designee Signature: _____ Date: _____

Approved Amount: _____