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 specify 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:	$ 0.00

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):_____

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Provost Designee Signature: _____ Date: _____

Approved Amount: _____

All student travel must be booked using Concur. Please see https://academic.sfsu.edu/process/ira-funding