

INTERCAMPUS EXCHANGE PROGRAM
Faculty/GSR Application

Date: _____

TO: Department Fund Manager

FROM: _____ TITLE: _____

I request approval for Intercampus Exchange Travel Funds to travel to U.C. _____ ,
for research on _____
and/or to meet with colleague(s): _____

Date to travel are:

Leave San Diego _____

Return to San Diego _____

Travel will be by ___ air/ ___ train/ ___ *car/ ___ other (specify: _____).

Amount requested is \$ _____. (NOTE: Please obtain lowest airfare quote from travel agency/internet. Maximum allowable is actual cost of airfare only not to exceed \$250.000 (no service fees, subsistence, taxis, parking fees, etc. will be approved). Car travel to UC Campuses will be reimbursed equivalent airfare.

applicant signature

Date

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*if you propose to travel by care, please provide the following information:

Year and Make of Car _____ License Plate# _____