

African Studies Initiative

FACULTY TRAVEL GRANTS

General Information

Name _____ Title _____

Department _____

College _____ Phone _____

Campus Address _____

U of M ID number _____ (University requirement for reimbursement)

Project Proposal

Place/Country of Destination _____ Dates of Travel _____

Brief Description of activity _____

Budget Summary

Total travel expenses \$ _____

Matching Funds confirmed Source _____ \$ _____

Matching Funds pending Source _____ \$ _____

Travel Grant request (maximum award: \$1500) \$ _____

Signature _____ Date _____

Attachments

- A one-page proposal describing the activity

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