INTERCAMPUS EXCHANGE PROGRAM

Faculty/GSR Application

	Date:
TO:	Department Fund Manager
FROM:	TITLE
I request app	proval for Intercampus Exchange Travel Funds to travel to U.C,
for research	on (project)
and/or to me	eet with colleague(s):
Dates to trav	vel are:
Leav	ve San Diego
Retu	arn to San Diego
Travel will b	be byair/train/*car/other (specify:).
travel agency service/chan	quested is \$ (NOTE: Please obtain lowest airfare quote from cy/internet. Maximum allowable is actual cost of airfare only not to exceed \$250.00 (nage/insurance/baggage fees, subsistence, taxis, parking fees, etc. will be approved). to UC campuses will be reimbursed for mileage up to equivalent airfare.
	applicant signature
	Date
*If you propose	se to travel by car, please provide the following information:
Vear and Make	e of Car License Plate #