



**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)*

<b><u>Estimated Travel Costs:</u></b>	Transportation:	_____
	Lodging:	_____
	Meals:	_____
	Registration:	_____
	Other:	_____
	<b>Total requested:</b>	_____

**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: \_\_\_\_\_