TRAVEL REQUEST FORM

SECTION 1: PERSONAL DETAILS

Surname:	First name:	Middle name:
Sex: Male/Female	Title (e.g. Prof., Dr., Mr., Mrs., Ms.):	
College:	Faculty:	Department:
Staff number:	Tel:	Email address:
Destination:	Departure Date:	Return Date:
Total days:	Business days:	
Purpose of visit:		
••••••		
Title of paper to be presented if app		
•••••••••••••••••••••••••••••••••••••••		
*Name(s) of Co-author(s) (if any):		
*(Attach a declaration of confirm present the paper on their behalf)	•	you have been authorized to
Details of when paper was produce Date:		
Is the visit fully funded externally? If Yes, name of funding agency:		
Special requests from UCC (if any):		

SECTION 2: REQUESTS FROM UCC

If the set for 11 - from de	ad mlassa samenlati	the fellowing Table
If travel not fully funde	ed, please complete	e the following fable

Summary of estimated expenses	Total (US\$, € or GH¢)	Remarks*
Flight cost		
Visa fee		
Transport (local)		
Internal transport (foreign country)		
Accommodation (local)		
Accommodation (foreign)		
Subsistence		
Registration fee		
Others (specify)		
Total		

*Use this column to indicate how the cost will be borne (self, department, faculty, university, external agency).

Signature of Applicant: Date:

Please also attach all supporting documents (Invitation letter, Abstract of paper and evidence of acceptance, Insurance, etc.)

SECTION 3: AUTHORIZATION

(Section to be completed by person authorizing the trip)

Name and Signature of HOD:	Date:
Name and Signature of Dean:	Date
Name and Signature of Provost:	Date:
Decision from DRIC:	
Recommended (reasons)	
Not recommended (reasons):	
Name and Signature DRIC Director:	Date: