



## Vice Chancellor of Research

300 W. 12<sup>th</sup> Street | 202 Centennial Hall | Rolla, MO 65409  
573-341-4134 | research@mst.edu |

### Request of Travel Grant to Visit Funding Agencies

#### Section I

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

College and Department: \_\_\_\_\_

Academic Rank: \_\_\_\_\_

Enter a description of the funding agencies and program offices to be visited and the sponsored program opportunities to be explored. Please include the specific names/titles of people, places/locations that you expect to visit and exact dates/times that these secured events will occur in pursuit of extramural support. If other travel is to be associated with the visits, indicate so and request support only for the incremental portion of travel expenses associated with the visit in the budget below.

PURSUIT OF EXTRAMURAL SUPPORT TRAVEL GRANT

**BUDGET**

	TOTAL FUNDS REQUIRED
Airfare	\$
Lodging	\$
Transportation	\$
Other	\$
TOTAL	\$

**Section II – Signatures**

APPLICANT:

\_\_\_\_\_

Date:

\_\_\_\_\_  
*(MM/DD/YY)*

Match Pledged:

\$

\_\_\_\_\_

Acct:

\_\_\_\_\_

Signature of person guaranteeing matching funds:

\_\_\_\_\_

*(Printed name and signature for amount of match pledged)*

Date:

\_\_\_\_\_  
*(MM/DD/YY)*

VCR Pledged Amount:

\$

\_\_\_\_\_

Acct:

\_\_\_\_\_

Office of the Vice Chancellor  
of Research:

\_\_\_\_\_

Date:

\_\_\_\_\_  
*(MM/DD/YY)*