

## Recruitment Funding Request

This form shall be used to request funding support for faculty and staff recruitment travel/event/activities expenses. This request must be completed and submitted prior to travel/event/activities.

**Allocation policy:**

- The applicant's unit must be willing to contribute funding towards the recruitment travel/event/activities.
- Funding is awarded on a first-come, first-served basis.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Department/School: \_\_\_\_\_ College: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Description of trip/event/activity:

Has your unit received any recruitment funds from the Graduate School this fiscal year (July 1 to June 30)?  Yes  No

How many prospective students do you anticipate might be contacted due to this trip/event/activity? \_\_\_\_\_

How many current students will be involved in this trip/event/activity? \_\_\_\_\_ Describe how current students will be involved.

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How much of the unit's "application fees" funds will be used toward this event? \_\_\_\_\_

For those events with a research focus, have you asked the Vice Chancellor for Research for assistance?  Yes  No

For those events for recruiting international students, have you asked the Center for International Education for assistance?  Yes  No

(If travel is involved, please complete the chart below.)

TRANSPORTATION	Estimated Cost	LODGING	Estimated Cost	MISCELLANEOUS	Estimated Cost
Mileage		Hotel		Parking	
Airfare		Hotel Parking		Vehicle Rental	
Shuttle		Valet Parking		Gas for Rental Car	
Uber/Taxi/Lyft		<b>PER DIEM</b>		Baggage Fees	
Amtrak / Train				Registration Fee	
<b>Total Estimated Cost of Trip</b>					

Travel Regulations, Policies and helpful links can be found at the following web address <https://as.siu.edu/travel/>  
 Per Diem rates can be found at the following web address <https://as.siu.edu/common/documents/travel/reimbursement.pdf>

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date **Amount requesting from**  
**the Graduate School:** \_\_\_\_\_ Amount

**Funding provided by department and/or other funding sources.**

_____	_____	_____	_____
Fiscal Officer Budget Officer/Delegate Signature	Date	BP #	Amount

_____	_____	_____	_____
Fiscal Officer Budget Officer/Delegate Signature	Date	BP #	Amount

_____	_____	_____	_____
CIE Fiscal Officer/Delegate Signature	Date	BP #	Amount

**Funding approved by the Graduate School:**

_____	_____	_____	_____
Graduate School Fiscal Officer/Delegate Signature	Date	BP #	Amount