

**STUDY ABROAD INCENTIVE FUND APPLICATION**

**NOTE: Incentives will NOT be processed until all business matters have been addressed by the Comptroller's Office. Business matters include, but, are not limited to, reconciled travel advances and outstanding balances, submitting all invoices to the Comptroller's Office, and/or copies of filed insurance claims (Travel Guard/CISI), if applicable.**

Date: \_\_\_\_\_ School/Dept: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Faculty ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Destination: \_\_\_\_\_

Name & course number: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

Total # of days Traveling: \_\_\_\_\_

No. of students: \_\_\_\_\_

Name(s) of other faculty participating in trip: \_\_\_\_\_

Note: Each faculty participant must turn in an incentive application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment options:** (Please check one of the boxes below)

- Payroll check
- 10010-4596-6110-4100 Adm Salaries - Reg Sal & Wages
- 10010-4596-6165-4100 Adm Salaries - PT Sal & Wages  
(subject to payroll taxes; paid on next regular paycheck)

- Deposit to restricted account #  
29616-4596-8510-9500

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**Do not write below this line**

\_\_\_\_\_ Application approved

\_\_\_\_\_ Application denied, Reason: \_\_\_\_\_

Eligible Amount: \$ \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Director of Sister School Programs

\_\_\_\_\_  
Date