

## International Ambassadors Program (IAP) Funding Application

**\*\* submit completed application and required documentation to: [tanya.gillit@ttu.edu](mailto:tanya.gillit@ttu.edu)**

Applicant Name: \_\_\_\_\_ R#: \_\_\_\_\_

Home Dept / Unit: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Existing travel destination: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

**\*\* copy of airline itinerary and/or existing TTU travel application must be provided with IAP application**

International Initiative Category \_\_\_\_\_

Date when Ambassador duties will be performed: \_\_\_\_\_

### Estimated Expenses for Ambassador duties:

**\*\*Use GSA link below to determine per diem amounts by travel destination**

[https://aoprals.state.gov/web920/per\\_diem.asp](https://aoprals.state.gov/web920/per_diem.asp)

Meals: \_\_\_\_\_ 1 \_\_\_\_\_ Day at \_\_\_\_\_

Lodging: \_\_\_\_\_ 1 \_\_\_\_\_ Day at \_\_\_\_\_

Taxi or Shuttle: \_\_\_\_\_

Other Expense (explain): \_\_\_\_\_

Total IAP funding amount requested: \_\_\_\_\_

Department FOP for transfer (if approved) - REQUIRED: \_\_\_\_\_

Name/phone number of home department travel preparer - REQUIRED: \_\_\_\_\_

**\*\* Even if original travel is a personal trip, a TTU travel application will be required for IAP funded portion of travel**

**For Export Control compliance, specify the following - REQUIRED:**

\* Destination University/Company/Entity: \_\_\_\_\_

\* Destination Contact: \_\_\_\_\_

\* Equipment you will be taking: \_\_\_\_\_

Specify IAP duties to be performed, name of collaborative entity (university, agency, etc.) and the type and size of target audience - REQUIRED:

**A trip report must be submitted within 30 days of completion of the trip to Tanya Baker at [tanya.gillit@ttu.edu](mailto:tanya.gillit@ttu.edu)**

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval (Dept chair/ Director): \_\_\_\_\_ Date: \_\_\_\_\_

### **To be completed by International Affairs staff:**

IAP amount approved: \_\_\_\_\_

OIA Vice Provost Approval: \_\_\_\_\_ Date: \_\_\_\_\_

OIA Business Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of funds transfer: \_\_\_\_\_