

UNIVERSITY OF DAR ES SALAAM

Directorate of Research and Publication

TRAVEL/CONFERENCE FUND SUPPORT APPLICATION FORM

(This form should be filled in quadruplicate)

1. Personal Particulars

Name:
Title: Full Professor/Associate Professor/Senior Lecturer/Lecturer/Assistant Lecturer/Tutorial Assistant/ or
Technical/Administrative Staff
Department: Academic Unit/Directorate:
Mobile Number: Other Telephone Numbers:
Email:

2. Purpose of the Travel

1. Paper presentation
2. Representing UDSM Management
3. Others:

3. Conference Details:

1. Title of the Conference:
2. Main Theme:
3. Title of the Paper:
4. Organizers:
5. Dates of the Conference:
6. Proposed Travelling Dates: to

4. Place of the Conference:

Within the Country Outside the Country

If within the Country:

Venue:
District:
Region:

If Outside the Country:

Country:
City:
Venue:

5. Type of Support Sought:

Partial Support

Full Support

6. Checklist of Partial Support from Organizers:

- 1. Return ticket
- 2. Visa
- 3. Accommodation
- 4. Others:
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7. Check list of Financial Support Sought from UDSM:

- 1. Return ticket
- 2. Visa
- 3. Per-diems
- 4. Off-Pocket Allowance
- 5. Local Transport
- 6. Others:
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8. Expected Conference Output:

- 1. Journal Publication
- 2. Book/Monograph
- 3. Conference Proceedings
- 4. Others:
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9. SUPPORTING DOCUMENTS

- i) Official Invitation from Organizers Accepting your Abstract
- ii) Softcopy and Hard copy of the Abstract to be attached in this form
- iii) Full paper upon acceptance of your request prior approval of the request and collection of imprest

10. DOCUMENTS NEEDED AFTER RETURNING FROM THE CONFERENCE

- i) A brief conference report which should include among other things conference deliberations and how UDSM benefited from the conference
- ii) Fully retired imprest to be submitted shortly (14 days) after returning from travel

NB: The support can only be offered to the staff once in every two years for the purpose of sharing the meagre resources available to as many staff as possible. Priority will be given to female and young academic staff.

SIGNATURE: DATE:

For Official Use Only

AUTHORIZATION OF CONFERENCE FUNDS

1. Comments by the Head of Department:

a) **Recommended** b) **Not Recommended**

Remarks (if any):

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Name: Signature: Date:

2. Recommendation by the Principal/Dean/Director of the College/School/Institute:

a) **Recommended** b) **Not Recommended**

Remarks (if any):

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Name: Signature: Date:

3. Recommendation by the Director of Research and Publication:

a) **Recommended** b) **Not Recommended**

Remarks (if any):

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Name: Signature: Date:

NB: A Minute Sheet shall be prepared by Administrative Officer for the Vice Chancellor's Approval upon receiving recommendations from the Deputy Vice Chancellor – Research.