STUDENT REQUEST FOR TRAVEL FUNDS

ALL TRAVEL RECEIPTS MUST BE SUBMITTED NO LATER THAN 15 DAYS AFTER YOUR TRAVEL HAS BEEN COMPLETED

NAME/GTID
__________________________________________

PROGRAM OF STUDY
(MS or Ph.D.)
__________________________________________

NAME OF CONFERENCE
__________________________________________

PURPOSE OF TRIP
(Presenter, Poster, Attendee)
__________________________________________

LOCATION
__________________________________________

DATE OF DEPARTURE
__________________________________________

DATE OF RETURN
__________________________________________

*ADVISOR PRINT/SIGN
__________________________________________

ESTIMATED COST OF TRIP:
Transportation ____________
Meals/Lodging ____________
Other ____________
Registration ____________
Total ____________

SOURCES OF SUPPORT:    #1    #2    #3    #4
Account

AMOUNT:
Transportation ____________
Meals/Lodging ____________
Other ____________
Registration ____________
Total ____________

*AUTHORIZED BY: ____________

THIS FORM AND THE TRAVEL AUTHORITY FORM MUST BE SUBMITTED TO FINANCIAL SERVICES PRIOR TO TRAVEL

*THIS FORM WILL NOT BE PROCESSED WITHOUT THE PROPER SIGNATURES