

Conference Travel Reimbursement Request

| Date: | Name (Last, | First): | | | UID: | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|---------------------------|------|--|
| Email | | | | | | |
| Conference Name: | | | Dates of Attendance: | | to | |
| Have you a | dvanced to candidacy? | No | Yes | If yes, provide ATC date: | | |
| Are yo | ou: | | | | | |
| Prese | Presenting a paper? If yes, provide title: | | | | | |
| Part (| of a panel? If yes, provide sen | ninar title: | | | | |
| Othe | r? Please describe: | | | | | |
| Please submit t | he following: | | | | | |
| Acce | ptance letter | | | | | |
| | Original receipts showing payment method for any combination of the following: flights, hotel, conference registration fees, and/or mileage information of those using their own transportation (include printout of Mapquest mileage calculation or similar). | | | | | |

Travel Expense Itemization

| | Cost | Supporting Documentation |
|--------------------------|------|--------------------------------------------------------------------------------------------------------|
| Airfare | | Flight itinerary; Proof of Payment |
| Conference Registration | | Receipt |
| Car Rental | | Itemized reservation confirmation; Proof of payment |
| Parking | | Receipt |
| Mileage | | Copy of auto insurance liability card; Google Maps mileage calculation or similar (0.535 cents x mile) |
| Taxi, Shuttle, Bus | | Receipt; Proof of payment |
| Lodging | | Itemized lodging receipt/folio; Proof of payment |
| Other Allowable Expenses | | (Please list) |
| TOTAL AMOUNT REQUESTED: | | |

Credit card or bank statements that show the cardholder's name, last 4 digits of the card number, expense details, date, and amount (Address

information, full account numbers, and unrelated charges may be blacked out using a black marker)

FOR OFFICE USE ONLY

Amount Awarded:

Date Processed:

Student Notified: