

REQUEST FOR DEPARTMENTAL TRAVEL REIMBURSEMENT

NAME _____ **EMAIL** _____

STUDENT ID NUMBER _____ **PHONE** _____

DATE OF REQUEST _____ **US CITIZEN? YES / NO**

TRAVEL INFORMATION:

1. NAME OF CONFERENCE _____

2. LOCATION OF CONFERENCE _____

3. INCLUSIVE DATE _____

4. TITLE PRESENTATION _____

5. AUTHOR(S) _____

WHEN REQUESTING TRAVEL REIMBURSEMENT, PLEASE SUBMIT THIS FORM AT LEAST ONE WEEK PRIOR TO TRAVEL TO THE GRADUATE STUDENT SERVICES ADVISOR. PLEASE BE SURE TO ESTIMATE AMOUNT NEEDED AND ENTER IT ON THE “\$ AMOUNT REQUESTED” LINE.

ONCE YOU RETURN, PLEASE PROVIDE THE FOLLOWING:

- **ALL ORIGINAL AIRFARE, HOTEL, GROUND TRANSPORTATION, AND REGISTRATION FEE RECEIPTS AND BACK UP CREDIT CARD RECEIPTS/STATEMENTS FOR AIRFARE, HOTEL, AND REGISTRATION FEES.**
- **SUBMIT A LOG DETAILING EXACT MEAL EXPENDITURES FOR EACH DAY, EACH MEAL.**
- **PROVIDE A COPY OF YOUR ABSTRACT, AND A COPY OF THE PAGE IN THE PROGRAM THAT SHOWS TITLE OF YOUR PRESENTATION.**

SSO WILL REVIEW ALL PAPERWORK AND PROVIDE TO CARLOS MUNOZ IN PURCHASING/REIMBURSEMENT FOR PROCESSING.

\$ AMOUNT REQUESTED _____

APPROVED BY: _____ **DATE** _____

\$ AMOUNT APPROVED _____