

Date Received:

## GRADUATE STUDENT PROFESSIONAL DEVELOPMENT GRANT

### Travel Reimbursement Form

*Only fill this out if you filled out the Travel Application prior to travel and were approved for funding. This form must be submitted to the Graduate College – Lucas Hall within 10 days after completion of travel. Only registration and lodging will be reimbursed up to \$250 per person per academic year. One professional conference per person per academic year is eligible for possible reimbursement.*

Name: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Conference Name: \_\_\_\_\_

Cost of Registration: \$ \_\_\_\_\_ (please attach receipt)

Your Cost of Lodging: \$ \_\_\_\_\_ (please attach receipt)

Total Cost of Lodging: \$ \_\_\_\_\_

# of People in Hotel Room: \_\_\_\_\_

Total Amount of Money being requested: \$ \_\_\_\_\_

#### To be completed by Applicant:

*I certify this to be a true and accurate statement of the costs of registration and lodging incurred in attendance of \_\_\_\_\_ (conference name), which aided in my professional development. I certify that lodging was completed in the most economical way possible. I also certify that none of these expenses has been or will be reimbursed to me from any other source.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### To be completed by Department Chair:

*I have examined this reimbursement request and certify that it is a just and reasonable cost for the above stated conference.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

GSC Chair/Advisor Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_