Professional Travel Grant Reimbursement Form

|  |  |
| --- | --- |
| Name |  |
| Mailing Address |  |
| Phone and Email |  |
| Graduate program |  |
| Student ID # |  |
| Check one: Are you a □ US Resident OR  □ Legal resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with a VISA status of \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Are you a Graduate or Teaching Assistant? (circle one) NO YES If yes, EMPL ID \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of conference (city, state):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| Registration: |  |  |  |  |  |
| Hotel: |  |  |  |  |  |
| Meals: | B L D | B L D | B L D | B L D | B L D |
| Transportation: |  |  |  |  |  |

After signing below, **attach conference agenda and receipts** (small receipts should be taped to an 8 ½“ by 11” piece of paper) for above claimed expenses to this form and take the form to the Graduate Studies Office (223 Graff Main Hall).

I attest that this account of travel expenses is accurate and conforms with all applicable University and State regulations. The expenses are actual, reasonable, and were personally incurred by me as part of my attendance at this conference. No portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other source in the future. I authorize the Office of Graduate Studies to request reimbursement via the UW-System e-Reimbursement process on my behalf:

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