TRAVEL REQUEST FORM – GRADUATE STUDENT

Name: ___________________________________________ Date of Request: ____________________________
Name of Professional Meeting: ________________________________________________________________
Meeting Dates: ___________________________ Meeting Location: ____________________________
Date of Departure: ___________________________ Date of Return: ____________________________
Departure City/State: ___________________________ Destination City/State: ___________________________
Title of Your Presentation: _____________________________________________________________
Brief description of how this request relates to faculty activities, future research plans, or professional
development: _____________________________________________________________

REGISTRATION FEE
- Does this fee include meals/lodging? Yes ☐ No ☐ $ __________

TRANSPORTATION
- Airfare: $ __________
- Car Rental: $ __________
- Personal Vehicle (# of miles): ___________________________ $ 0.00
- Local Transportation (bus, taxi, train, etc.): $ __________
- Parking: $ __________

LODGING
- # of Nights: __________ Rate per Night: $ __________ $ 0.00

MEALS (actual expenses or standard per diem rates are acceptable)

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<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
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OTHER (please specify):
__________________________________________________________________________ $ __________

Are you presenting? Yes ☐ No ☐ Notes: ___________________________________________ TOTAL: $ 0.00

Student Signature: ___________________________________________ Date: __________

Faculty Advisor Contribution Cost Center: ___________________________ Amount: $ __________
Faculty Advisor Approval Signature: ___________________________ Date: __________

Department Contribution Cost Center: ___________________________ Amount: $ __________
Department Chair Approval Signature: ___________________________ Date: __________

TOTAL: $ 0.00