

NORTH GEORGIA COLLEGE & STATE UNIVERSITY
GRADUATE STUDENT SENATE
REQUEST FOR FUNDING OF GRADUATE STUDENT'S TRAVEL TO CONFERENCE
 INSTRUCTIONS AND INFORMATION: Go to www.NGCSU.edu/bdf/GSS

Name _____ School ID or SSN _____
 Graduate Program _____ E-mail _____
 Phone number _____ Notify me of approval via _____

Name of Conference _____
 Location (e.g., Name of Hotel; Address) _____
 _____ City _____ State _____
 Dates _____ Mode of Travel _____

Student's role at conference (e.g., present paper [identify name of paper], attendee, conference assistant; identify any co-authors of papers, co-presenters of poster sessions):

Itemized Estimate of Costs:

Meals (Meal allowance - Breakfast: \$6, Lunch: \$7, Dinner: \$15) \$ _____
 *Registration: \$ _____
 *Lodging: _____ nights @ \$ _____/night = \$ _____
 *Transportation: Air fare \$ _____
 Mileage _____ mi @ _____¢/mi = \$ _____
 Rental Car _____ days @ \$ _____/day = \$ _____
 *Other (identify): _____ \$ _____

*need original receipts for reimbursement

TOTAL ESTIMATE: \$ _____

Are you receiving a subsidy from any other source? ? No ? Yes (identify source and amount)

Student signature _____ Date _____

Graduate Program Coordinator _____ Date _____

Send to Dr. Stefanie Palma, ? Department of Physical Therapy

DO NOT WRITE BELOW THIS LINE

? Approve: \$ _____ Conditions: _____
 ? Disapprove Decision date _____ Date student notified _____
 ? Travel Expense Statement received _____ ? Check requested _____

REVIEW FOR OTHER SOURCES OF GRANTS:

 Director of Graduate Studies Amount Date

 Vice President for Academic Affairs Amount Date