

**GRADUATE STUDENT TRAVEL REQUEST FORM
DEPARTMENT OF PHILOSOPHY**

Name _____ Date _____

Email _____ Phone _____

SUID _____

Name of Conference _____

Location _____ Dates _____

Nature of participation _____

BUDGET Transportation: "Air" Other _____

Conference Registration Fee _____

Accommodations: \$ per day _____

Estimated Cost of Meals _____

Other incidental _____

Funding from GSO ____ yes ____ no Amount funded _____

TOTAL COST _____

Note: Receipts for reimbursement must be submitted in the amount of the approved departmental support. A travel advance may be obtained upon request and approval.

(FOR DEPARTMENTAL USE)

Prior departmental support, YTD _____

Departmental Support approved for this request: _____

BALANCE _____

Authorization: _____ Date _____

From account: _____

Confirmation email sent _____ Date _____

Sent to Disbursements _____ Date _____