President's Research Travel Award
Request for Reimbursement

Student Name: _____

Department/College/sponsoring unit to be reimbursed: _____

Travel Date(s): _____

Conference Name: _____

> Travel Costs Worksheet (optional):
> $_____ Travel
> $_____ Lodging
> $_____ Registration
> $_____ Other
> $_____ SUM TOTAL (enter this amount in **Total Conference Travel Costs** below)

$_____ **Total Conference Travel Costs**, i.e. *The total amount Department/College/sponsoring unit paid or reimbursed the candidate for the conference.*

$_____ **Amount Contributed** by Department/College/sponsoring unit ($200 minimum required)

$_____ Subtract **Amount Contributed** from **Total Conference Travel Costs**
If this amount is < $600, enter it in **Amount to be Reimbursed** below.
If this amount is > $600, enter $600 in the **Amount to be Reimbursed** below.

$_____ **Amount to be Reimbursed** to Department/College/sponsoring unit ($600 maximum)

CFOP (ICR, not a state account) for receipt of funds: _____

By marking each box, I confirm that:

☐ Student has completed their conference travel and been reimbursed.

☐ Department/College/sponsoring unit has contributed at least $200 toward the

student's conference travel costs.

Completed by (Department/College/sponsoring unit contact): _____

Phone: _____

Email: _____