

President's Research Travel Award Request for Reimbursement

Student Name: _____

Department to be reimbursed: _____

Travel Date(s): _____

Conference Name: _____

Total Travel Amount: _____

Amount to be reimbursed to department (\$600 maximum): _____

CFOP (ICR) for receipt of funds: _____

- ☐ Student has completed their conference travel and been reimbursed.
- ☐ Department has contributed at least \$200 toward the student's conference travel costs in addition to the amount requested for reimbursement.

Completed by (department/Grad College contact): _____

Phone: _____

Email: _____