

Travel Support Request Form

*Funding through this program is intended for students who are presenting scholarly and creative work at professional conferences and exhibitions. You will generally receive a decision on your application within **ten (10) business days**.*

Section I: Graduate Student Information

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Email Address: _____

Student ID Number: _____

Graduate Program: _____

Advisor/Mentor: _____

Section II: Destination Information

Event Name: _____

Event City: _____

Event State (if in U.S.)/Country: _____

Event Dates: _____

Title of your presentation/poster/exhibition: _____

Date Accepted: _____

Please provide a URL of the conference schedule listing your presentation/poster/exhibition if available:

If a URL is not available, please attach a document (e.g. conference program) or email confirming your participation and submit with this application.

Invited

Contributed

Section III: Travel Details and Estimated Expenses

Please provide anticipated logistical details about your travel.

Transportation Method(s) (plane, bus, personal vehicle, rental car, etc.): _____

If car, approximately how many total miles driven: _____

Other—Specify method and estimated cost: _____

Please provide estimated monetary details about your travel. For reimbursable expense guidelines please review the UWM Pocket Travel Guide, available online at:

<http://www4.uwm.edu/bfs/forms/travel/upload/Pocket-Travel-Guide.pdf>

Estimated Lodging Cost: _____

Specify Desired Roommate: _____

Estimated Cost of Meals: _____

Registration Fee: _____

Ticket cost (air, train, bus): _____

Other: _____

Total Estimated Cost: _____

Will you be receiving other financial support for this activity? **Circle : YES NO**

If yes, please provide the following information:

Amount: _____

Sources (e.g. department name): _____

By submitting this application, I certify that the information provided is accurate to the best of my knowledge. I understand that I will be asked to submit receipts if I am selected as an award recipient.

Graduate Student Signature: _____ Date: _____

Dean's Approval: _____ Date: _____

Funded Amount: \$_____