

Date Student Brought to BGS Financial Office: _____

BIOMEDICAL GRADUATE STUDIES – REQUEST FOR TRAVEL FUNDS

Before filling out this form, there are instructions and guidelines to follow: refer to the attached *INSTRUCTIONS FOR COMPLETING BGS TRAVEL FUNDS REQUEST FORM*. If you have read the guidelines mentioned above, sign below:

PRINT NAME: _____ SIGNATURE: _____

E-MAIL: _____ DAY PHONE: _____

CONFERENCE INFORMATION:

Dates: (mm/dd/yy – mm/dd/yy)	Location: (City, State, Country)	Name of Conference:

I am presenting a poster

I am presenting a paper

I am not presenting

PROVIDE A BRIEF DESCRIPTION OF THE WORK YOU ARE PRESENTING BELOW AND ATTACH AN ABSTRACT ALONG WITH THE LETTER WRITTEN BY YOUR ADVISOR EXPLAINING THE NECESSITY OF ATTENDING THIS CONFERENCE/COURSE.

EXPECTED COSTS: Please provide a detailed summary of all expected travel costs below.

Airfare / Rail:	
Hotel:	
Per Diem (meals only):	(\$ _____ /day) (_____ days) = \$
Registration Fee:	
Taxis and Local Transportation:	
TOTAL:	

FUND SOURCES AND APPROVALS: Please petition your PI and Graduate Group, along with other possible sources, for funds. You must obtain amounts, signatures, and budget account information in the fields below *before* submitting a request to the BGS Financial Office.

AMOUNT OF P.I. CONTRIBUTION: \$ _____

Name of P.I.: _____ Signature of P.I.: _____

26-digit budget account #: _____

Contact Name and Phone: _____

AMOUNT OF GRADUATE GROUP CONTRIBUTION: \$ _____

Name of Graduate Group: _____ Signature of GG Authorizer: _____

26-digit budget account #: _____

Contact Name and Phone: _____

AMOUNT OF TRAINING GRANT CONTRIBUTION: \$ _____

(for those supported by a training grant)

Contact Name and Phone: _____

if applicable:

AMOUNT AVAILABLE FROM OTHER SOURCES SUCH AS INDIVIDUAL FELLOWSHIPS, OR OTHER:

Contact Name and Phone: _____

DIRECTOR SIGNATURE: _____

Dr. Susan Ross

DATE SIGNED: _____