bpp

Postdoctoral Travel Fund Program Request Form

PRINT NAME (Last, First M, [degree]): _____ SIGNATURE: _____

E-MAIL: _____ DAY PHONE: _____ PENN ID#: _____

○ Participants must currently hold a postdoctoral appointment in one of the four participating schools or be currently registered with BPP through an affiliate group/institution.

○ Applicants are only eligible to apply once per calendar year.

○ Eligible participants must currently hold a postdoctoral appointment at the time of the application for travel funds, during the travel period and upon return from the traveled destination.

○ Awards will be processed as reimbursements.

Please check the school or affiliate Institution: PSOM   SON   VET   DENTAL   LRSM   CHOP

Monell   Wistar

Postdoctoral Appointment Dates (MM/DD/YYYY): _____ to _____

Conference/Meeting Information

Dates (MM/DD/YY) - (MM/DD/YY)	Location (e.g. Philadelphia, PA USA)	Name of Conference

Expected Costs: Please provide a detailed summary of all expected travel costs below:

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

Please note: You must be a presenting attendee in order to be eligible for this award.

My abstract has been selected for a poster presentation   My abstract has been selected for a platform presentation

Please attach an abstract along with a letter written by your primary mentor explaining the benefit of attending this conference/meeting.

Petition your PI, 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 BPP Office.

AMOUNT OF PI CONTRIBUTION: $ ____
Name of PI: _____
26-budget account #: _____
Contact Name and Phone: _____

AMOUNT OF TRAINING GRANT CONTRIBUTION: $ _____
(for those supported by training grants)
Contact Name and Phone: _____

If applicable: _____
AMOUNT AVAILABLE FROM OTHER SOURCES SUCH AS INDIVIDUAL FELLOWSHIPS, OR OTHER: $ _____
Contact Name and Phone: _____

BPP Approval: Date Signed: