

MD-PHD (ALL GRAD GROUPS) REQUEST FOR TRAVEL FUNDS

Note that BGS MD-PhD students are **ONLY** eligible to apply for travel funds via the MD-PhD program and are **NOT** also eligible to apply separately for funds through BGS.

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

PRINT NAME: _____ SIGNATURE: _____
 EMAIL: _____ 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 MD-PhD 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:
TOTAL AMOUNT FROM ALL OTHER SOURCES (i.e. INDIVIDUAL FELLOWSHIPS, ETC.): \$ _____
 Contact Name and Phone: _____

TOTAL AMOUNT REQUESTED: \$ _____

DIRECTOR SIGNATURE: _____ DATE: _____
 Dr. Skip Brass