GRADUATE STUDENT TRAVEL FORM

| NAME OF STUDENT & STUDENT ID | |
|--|------------------------|
| What is your advisor's name? | |
| CONFERENCE/EVENT YOU PLAN TO ATTEND | |
| LOCATION & CONFERENCE WEBSITE | |
| DATE | |
| Are you presenting? Will you be sharing expenses with anyone else? | Yes or No Yes or No |
| Will any of these expenses be paid by the conference? | Yes or No |
| If yes, please enter the expenses covered by the conference he | |
| ESTIMATED EXPENSES | <u> </u> |
| Registration Fee | \$ |
| Airfare | \$ |
| Hotel | \$ |
| Meals | \$ |
| Uber/Taxi/Bus | \$ |
| Airport Parking | \$ |
| Misc (please explain) | \$ |
| Total Estimated Expenses | \$ |
| | |
| Submitted Proposal to Department | Date: |
| Department Approved/Declined | Date: |
| At this point the department will create a trip for liability reason | |
| You will need to apply for a Grad College Travel Award upon yo https://gss.grad.uiowa.edu/funding/presentation-virtual-confe Please keep us informed if you receive a Grad College Travel Adapartment award. | erence-funds |
| Once you return from your trip, please submit a summary sheet all your paid receipts to the department within two weeks of tra | |
| Submitted summary & paid receipts to dept | Date: |
| Department/College use only | |
| Sent Renea the amount of award and MFK | Date: |
| | Amount: |
| | MFK: |
| | |