GRADUATE STUDENT TRAVEL REQUEST FORM
DEPARTMENT OF PHILOSOPHY

Name ___________________________     Date __________________

Email ___________________________     Phone __________________

Name of Conference ____________________________

Location______________________________     Dates ______________

Nature of participation__________________________

BUDGET     Transportation: “Air” Other _______  __________
Conference Registration Fee  __________
Accommodations: $ per day ____________  __________
Estimated Cost of Meals  __________
Other incidental ____________________________  __________
Funding from GSO ____ yes ____ no  Amount funded  __________

TOTAL COST  __________

Note: Receipts for reimbursement must be submitted in the amount of the approved
departmental support. A travel advance may be obtained upon request and approval.

(FOR DEPARTMENTAL USE)

Prior departmental support, YTD  __________
Departmental Support approved for this request:  __________

BALANCE  __________

Authorization: ___________________________     Date __________

From account: ____________________________  __________

Confirmation email sent  Date __________

Sent to Disbursements  Date __________