

PRESENTER Conference Travel Award Application

683 SSLC – ML 0193 – Ph: (513) 556-6101

This is a *fill-in* PDF document. Please type in all details before printing this form. **Hand written forms will be penalized 10% of total award.** Please read all guidelines at <http://www.uc.edu/gsga> prior to submission.

Name: _____ M-Number: _____

Mailing Address: _____ Email Address: _____

_____ Mail Location: _____

GSGA Member Group http://www.uc.edu/gsga/member_groups/list.html _____

Name of Conference: _____

Conference Location: _____

Conference Dates: _____

What did you present at the Conference? (Explain briefly if needed): _____

Please list all funding, other than GSGA, applied/received for this conference below. Put zeros in all rows if none. Check the GSGA website / contact the treasurer if you have any questions.

Source Name	Amount	Comments
Department		
Advisor		
UC affiliated sources (like CCHMC/Taft)		
Other (Please Specify Name)		

I certify that all the information above is correct to the best of my knowledge.

ALL SIGNATURES BELOW ARE MANDATORY.

Department Head / Secretary Name: _____ Signature: _____

Research Advisor Name: _____ Signature: _____

Member Group Officer Authorization http://www.uc.edu/gsga/member_groups/list.html

Group Officer Name: _____ Officer Signature: _____

Applicant Signature: _____ Date of submission of this form: _____

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LIST OF EXPENSES / RECEIPTS

Please number the receipts (originals only) in the order specified below. Highlight your name and dollar amounts in ALL the receipts submitted. Provide as much explanation as necessary to avoid processing delays. Your lodging expense is the total room charges divided by the number of persons in the room. Please check <http://www.uc.edu/gsga> for more information on reimbursement coverage and rules.

	Expense Detail	Amount	Source of Funding (Specify: GSGA/ Dept/Advisor/Other)
1			
2			
3			
4			
5			
6			
7			
	TOTAL Expense		
	TOTAL Amount Requested from GSGA		