

GRADUATE STUDENT TRAVEL FUND APPLICATION

I. PERSONAL INFORMATION

Name: _____
G# (GMU ID#): _____
Local mailing address: _____
(City, State, Zip): _____
Email Address: _____
Work Phone: _____ Home Phone _____
Department: _____ Degree Program _____
College (ex. Arts & Sciences): _____

II. DESCRIPTION OF CONFERENCE

Name of Conference: _____
Location: _____
Dates: _____
Check Type of Conference:
 International National Regional State/Local

III. YOUR ROLE AT THE CONFERENCE

Please indicate your level of participation at the conference according to the categories below. If you are presenting/facilitating, etc., you will need to provide evidence of your participation (letter of acceptance, program announcement, etc.) If more than one presentation will be given, please indicate:

Paper Presentation Poster Presentation Workshop Facilitator

Panel Participant Professional Development

Other _____

If you are participating in a paper presentation, please indicate your authorship below:

First Author Second Author Third Author

Other _____

IV. ESTIMATED EXPENDITURES

Conference Registration (attach a copy of the completed registration) form) _____
Airfare: _____
Car Rental: _____
Number of miles traveled one way _____ at \$0.19 per mile _____
Lodging: Number of nights Rate _____ Total incl. tax _____

(Line A) TOTAL ESTIMATED EXPENDITURES: _____

V. TRAVEL SUPPORT

Please indicate all sources of financial support confirmed or expected which will be applied to your conference travel/attendance.

*Failure to report all sources of funding may forfeit any award allocated by the Graduate Student Travel Fund.

Department _____
Dean's Office _____
Provost's Office _____
Student Organizations _____
Other (please specify) _____

(Line B) TOTAL FININACIAL SUPPORT FROM ABOVE SOURCES _____

(Line A minus Line B) TOTAL AMOUNT REQUESTED FROM GSTF _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

- 1. I understand that the GSTF is a reimbursement program based on expected expenses for conference travel.
- 2. I understand that I am not guaranteed an award and that my application will be evaluated based on the information submitted
- 3. I understand that the difference between the amount requested and the amount awarded by the GSTF will be paid by my own funds and is not the responsibility of the GSTF.
- 4. I agree to adhere to the guidelines of the GSTF, the George Mason University Travel Office and the Commonwealth of Virginia. This does not establish an agency, employee, or volunteer relationship with GMU.
- 5. I understand that some policies are specific to the GSTF that may be different from normal university travel.
- 6. I understand that once my application is submitted, it cannot be changed or altered in any way.
- 7. I understand that I must schedule an exit interview with the designated Office of Student Activities administrator to submit and review my travel receipts before a reimbursement request can be processed.
- 8. I certify that all information included on this application is true and reported to the best of my ability.

Signature of Traveler

Date

Printed Name of Faculty Advisor

Signature of Faculty Advisor

Date

****Signatures must be original. Faxes and Photocopies will not be accepted.***