

NON-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: _____ Email Address: _____

Mailing Address: _____ Telephone: _____

_____ Mail Location: _____

GSGA Member Group (<http://www.uc.edu/gsga/MembersList.html>): _____

Name of Conference: _____

Conference Location: _____

Conference Dates: _____

Why did you attend the Conference? (Explain briefly if needed): _____

Please list all funding, other than GSGA, applied/received for this conference below. Put zeroes in all rows if none. Taft departments must apply for Taft funding. Please use one TER form even if you have multiple sources of funding from UC, including GSGA. 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. A

LL SIGNATURES BELOW ARE MANDATORY.

Department Head / Secretary Name: _____ Signature: _____

Research Advisor Name: _____ Signature: _____

Member Group Officer Authorization (<http://www.uc.edu/gsga/MembersList.html>):

Group Officer Name: _____ Officer Signature: _____

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

UC – GSGA – Conference Travel Award Application
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LIST OF EXPENSES / RECEIPTS

Please number all receipts 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.

| | Type of Expense | Amount | Comments |
|---|-----------------|--------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| | TOTAL | : | |