UNDERGRADUATE RESEARCH CENTER ARTS, HUMANITIES, AND SOCIAL SCIENCES TRAVEL GRANT APPLICATION

STEP ONE: GRANT APPROVAL

This portion of the grant must be submitted to the Undergraduate Research Center (A334 Murphy Hall) at least two weeks before travel begins. Name Student ID# E-mail _____ Faculty Research Mentor ______ Department_____ Are you a UCLA employee? I will be travelling for ☐ A conference presentation (Please Complete Section A) Research (Please Complete Section B) SECTION A. If Travel is for a **conference presentation**, please provide the following information: Conference Name Conference Dates: from to Conference Location Please attach to this form: ☐ A Copy of your accepted abstract or paper ☐ Verification that your abstract/paper has been accepted for presentation SECTION B. If Travel is for a **research**, please provide the following information: I will be travelling to ______ I will be there from _____ Please attach to this form An abstract of your Departmental Honors or thesis project ☐ A brief (500 word) justification for your research travel Office Use Amount Approved____

STEP TWO: REIMBURSEMENT WORKSHEET

City

In order to receive your Travel Grant funds (typically a maximum of \$300 per student per year), please submit this form for approval no later than **one week after your return from travel**, **and no later than June 1 of the academic year in which the approved travel occurred**. Reimbursement for expenses will be made only when you submit **original receipts**.

Th	is research was completed as part of (please check all that apply):			
	An SRP Project			
	A Departmental Honors Project A Comprehensive	Γhesis Projec	t	
If :	you have received funding for your research, indicate your funding	g program(s)	(please check all that apply)):
	_URFPURSP			
	McNair Program Mellon Mays Program			
	PROPS Other (explain)			
0	Conference Registration Fees (if applicable)	\$		
0	Primary Transportation costs - airfare, car, train, bus If by car, please attach Google map results—Multiply total miles by .375	\$	Total Miles	(Traveling by car)
0	Other Transportation costs (parking, cab fare, airport shuttle, etc.)	\$	for	
0	Accommodations (hotel/motel, etc.)	\$	(\$ x Da	ays)
0	Total	\$		
Lis	st, if any, additional source of travel funds:			
Ar	e you a UCLA employee? Please attach original itemized receipts that show method of p credit card statements			elled checks or
Sig	gnature :			
	Student Applicant Date			
F	Print Name			
-5	Street Address			

Questions? Contact Ms. Billie Buchanan: (310) 825-9725 bbuchana@college.ucla.edu

Zip