Loyola Marymount University School of Education

Student Request for Conference/Travel Funds

Student Name:			
Student ID:			
Conference/Meeting Sponsor: Conference Location:			
Conference Location: Conference Dates:			
Conference Dates: Type of Active Participation:			
Type of Active 1 at neipation.			
Amounts in blue cannot be changed.		_	
Total Number of Days:	input days	Nights	Days
Estimated Expenses:	-		
Transportation			Air
-		<u>-</u>	Auto
		- 	Train
		_	Taxi
		_	Shuttle
Lodging	\$0.00		rate per night incl. tax if available
-		input rate	
Meals	\$0.00	\$60.00	per diem including gratuities
Registration			
Other		Specify:	
Total Request	\$0.00	=	
(Note: Actual dollars spent which exceed	d approved amou	int will be the res	ponsibility of the student)
Official Use:			
Date Request Received:			
(Circle one)			
Approved / Denied			
	Program Dir	ector	
(Circle one) Approved / Denied			
Appioved / Denicu	···· Associate D	ean;:School:of:E	Admostion.
	Tiggoriu.c. L.	Jan, Okatoka Ca. L	aucaron
	Budget Acci	ount to Charge	Date

Updated: 1/4/2011

Please refer to the University Travel Policies for specific details.