

**Loyola Marymount University
School of Education**

Student Request for Conference/Travel Funds

Student Name: _____
 Student ID: _____
 Conference/Meeting Sponsor: _____
 Conference Location: _____
 Conference Dates: _____
 Type of Active Participation: _____

Amounts in blue cannot be changed.

Total Number of Days: Nights Days
input days

Estimated Expenses:

Transportation _____ Air
 _____ 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 approved amount will be the responsibility of the student)

Official Use:	
<i>Date Request Received:</i>	_____
<i>(Circle one)</i> Approved / Denied	_____
	Program Director
<i>(Circle one)</i> Approved / Denied	_____
	Associate Dean, School of Education

	Budget Account to Charge _____ Date _____