GSA CONFERENCE TRAVEL GF	RANT EXPENSE REQUEST FORM
TRAVELERS NAME (PLEASE PRINT) :	
STUDENT ID NUMBER:	
NAME OF CONFERENCE:	
TRIP ORIGIN (City & State):	
TRIP DESTINATION (City & State):	
TRIP BEGIN DATE:	
TRIP BEGIN TIME:	
TRIP COMPLETION DATE:	
TRIP COMPLETION TIME:	
EXPENSES	AMOUNT
TRANSPORTATION EXPENSES:	AMOUNT
LODGING EXPENSES:	
REGISTRATION EXPENSES:	
INCIDENTAL EXPENSES:	
TOTAL EXPENSES:	
FUNDING FROM SOURCES OTHER THAN GSA (IN OR FIXED AMOUNT NOT TO EXCEED)	IDICATE MATCHING FUNDS, BALANCE OF EXPENSES
•	
ADVISOR/CHAIR:	
DEPARTMENT:	
CONFERENCE/Other AWARD:	
FORWARD RECEIPTS TO DEPT:	
DEFINITIONS:	
Transportation Expenses ; airfare, vehicle rental and parking. (all original receipts must show he ltinerary for airfare must always be submitted or	w payment was made ie; cash, check, credit card etc.
Lodging Expenses; hotel, motel, boarding houses	s dorm rooms, hed & breakfast etc. (original
receipts must be itemized, show how payment	· · · · · · · · · · · · · · · · · · ·
Registration Expenses; cost to attend a conference registration fees only, no abstract, membership	•
Incidental Expenses; internet, phone, poster, itin bank fees, passport or visa fees, excursion fees, t	
Itemized Receipts; original receipt, vendor name, add	Iress, phone number, date and items purchased
I, THE UNDERSIGNED, DO HEREBY TESITFY THAT THESE EX	PENSES WERE SUBMITTED WITHIN 7 BUSINESS DAYS AFTER MY
CONFERENCE END DATE UNLESS PRIOR ARRANGEMENTS V	VERE MADE AND APPROVED BY THE COMMITTEE CHAIR AND THE
EXPENSES SUBMITTED REPRESENT MY PERSONAL EXPENSE	S. AS INDICATED ON MY APPLICATION, I WILL RECEIVE
FUNDING FROM OTHER SOURCES WHICH ARE COMPLETEL	
CICNATURE	DATE
SIGNATURE:	DATE: