Undergraduate and Graduate Travel Support Application Form

[must be received no less than 30 days prior to any travel]

Applicant Name:		KUID:		
E-mail:				
Academic Department and Program Area:C&	&TEPSY	ELPS _	HSES	SPED
Check degree program:BS	MS/MSEd _	EdS	PhD/I	EdD
Funds are requested for round-trip from Lawrence	to:	ity		State
to attend (name of conference/meeting/break):				
his is a (check one) [] National meeting/conference [] Alternative Break		[] Regional meeting/conference[] International meeting/conference		
Dates of conference/meeting:		to		
Exact dates of travel:	to)		_
support maximum: \$800. See Guidelines docu Co-presenting/secondary author (Funding s Attending but not presenting or alternative for details.)	upport maximum: S			,
Attending with:		(name of faculty member)		
Please Print Name		Print Advisor's Name		
Signature D	ate	Advisor's	s Signature	_
Approved (Amount authorized: up to a maxiNot-Approved	mum of \$.00)		
Lisa Wolf Wondal or Valli Thomas Assas Doon		eto.		

You must submit to your department's financial officer original and receipts <u>and</u> have submitted an out-of-state travel request in order to receive reimbursement for your travel. Consult with your department's financial officer for details