

# UC – GSGA – Conference Travel Award Application

683 SSLC – ML 0193 – Ph: (513)556-6101

This is a *fill-in* PDF document. Please type in all details before printing this form. **Hand written forms will be penalized 10% of total award.** Please read all guidelines at <http://www.uc.edu/gsga> prior to submission.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Mail Location: \_\_\_\_\_

GSGA Member Group and Department Name: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

What did you present at the Conference? (Explain briefly if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all funding, other than GSGA, received for this conference in the section below. Put zeros in all rows if none. Taft departments must apply for TAFT funding first. Please use one TER form even if you have multiple sources of funding from UC, including GSGA. Check the GSGA website / contact the treasurer if you have any questions.

Source Name	Amount	Comments
Department		
Advisor		
UC affiliated sources( like CCHMC/Taft)		
Other (Please Specify Name)		

I certify that all the information above is correct to the best of my knowledge. **ALL SIGNATURES BELOW ARE MANDATORY.**

Department Head / Secretary Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Research Advisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Member Group Officer Authorization:

Officer Name: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of submission of this form: \_\_\_\_\_

**UC – GSGA – Conference Travel Award Application**  
683 SSLC – ML 0913 – Ph: (513)556-6101

**LIST OF EXPENSES / RECEIPTS**

Please number all receipts in the order specified below. Highlight your name and dollar amounts in ALL the receipts submitted. Provide as much explanation as necessary to avoid processing delays. Your lodging expense is the total room charges divided by the number of persons in the room. Please check <http://www.uc.edu/gsga> for more information on reimbursement coverage and rules.

	Type of Expense	Amount	Comments
1			
2			
3			
4			
5			
6			
7			
8			
	TOTAL	:	