

Department Student Travel Award Application

Date:		
Name:	Email:	
Faculty Advisor:		
Dates of Travel:	to	
Location*: *If traveling internationally studed details.	ents must enroll in the UIC Travel Ros	ter and obtain UIC's travel insurance. See Business Manager for
Name of Event and Spo	nsoring Organization:	
Nature of participation i		
travel expenses and		he Business Manager prior to incurring any or advanced travel purchase from the st. Date
	gible to apply for departmental port giving a presentation at a p	travel funds during each fiscal year up to \$600.00 rofessional conference.
membership fees (only if per diem, all within allowarder to receive reimburse important information on usual fund requests over the manust submitted no later the funds. 6) Award amounts	needed for discounted registral able limits. 2)Original receipts nement. 3)Refer to psch.uic.edureimbursement documentation aximal amount and do not roll on an 10 days into the new fiscal are subject to change July 1st	e lowest available airfare, registration fees, tion), poster printing, lodging, transportation, and meanust be submitted within 60 days of travel return in and search "forms" for reimbursement forms and requirements. 4)Fiscal Years cannot be combined to over. 5)Travel taking place at the end of a fiscal year year for reimbursement out of the previous years each year. 7) Students are encouraged to also apply the Graduate Student Council Travel Award to assist
Traveler's signature		 Date