

Request for FY20 Graduate Travel Funds

Tracking Number

Date Submitted: _____

Traveler's Name: _____

Faculty Advisor: _____

Nature of Official Business: ***(documentation supporting conference participation must be attached)***

Dates of Conference Related Travel: _____ Location: _____

Estimate of UGA costs associated with conference presentation

Funded and Requested Amounts

\$ _____ Meals

\$ _____ Departmental Funds (limited to \$300)

\$ _____ Lodging

\$ _____ Other Funding

\$ _____ Transportation

*Explain Other _____

\$ _____ Mileage

\$ _____ **TOTAL**

\$ _____ Other (Explain _____)

\$ _____ **REQUESTED**

\$ _____ **TOTAL ESTIMATE NEEDED FROM COLLEGE/SCHOOL**

Submit Form

Approved: _____

Amount approved: \$ _____