

Graduate Student Travel Request ~ Math Department

INSTRUCTIONS: Return this form to Beth BEFORE your trip along with a description of the event (event website/agenda/meeting schedule pdf or printout) plus the [Student Business Travel Certification Form](#). Reimbursements submitted without the Student Business Travel Certification Form will be considered taxable income. The university will not produce a W-2 form with a record of your reimbursement so it is up to you to keep track of such reimbursement(s).

Secure your advisor's signature for an estimated authorized total amount before submitting the form. If your advisor cannot subsidize all (or a portion) of your travel expenses, then see Julia Knight for an additional signature authorizing reimbursement.

If you are giving a talk, you may also apply for funds through the GSU (<http://gsu.nd.edu/about/cpg/>). This also needs to be approved BEFORE your trip (a minimum of 1 month prior to the conference start date).

After returning, you will need to turn in ORIGINAL receipts to Beth.

Receipt Requirements:

ORIGINAL receipts for everything being reimbursed: airfare, bus fare, tolls, rental car, hotel, food, etc. For airfare reimbursement, 1 of 2 docs is needed: Itinerary/On-Line Receipt showing charge to credit card; **OR** b) Passenger Receipt (for E-ticket holders this has to be requested upon checking in for a flight at the airport. This is NOT the same as your boarding pass.) For mileage reimbursement, a beginning address is needed so mileage can be calculated via Mapquest or Google Maps.

Name: _____ Advisor: _____

Date(s) of trip: _____ Location: _____

Conference/event title + purpose of trip: _____

Level of participation: poster presentation talk given attend only

Anticipated Travel Expenses:	Estimated Amount:	Anticipated Travel Expenses:	Estimated Amount
Airplane		Car Rental/Mileage for Car (56.5¢ per-mile)	
Lodging		Tolls, Taxi, Parking, etc.	
Conference Fee		Meals	
Other		Other	
Estimated Expenses for this Column		Estimated Expenses for this Column	
		Grand Total:	

Courses and/or TA duties to be missed plus arrangements made: _____

Student's signature _____ Date: _____

Authorization(s):

FOAPAL # or grant title: _____ **Amount:** _____

Advisor's signature: _____ Date: _____

FOAPAL # or grant title: _____ **Amount:** _____

DGS's signature: _____ Date: _____