CONFERENCE TRAVEL POLICY FOR GRADUATE STUDENTS 2019 – 2020

Conference monies are available for **Graduate School** students at the Health Sciences Campus who are to (1) present a prepared paper at a conference; (2) serve as a group discussion moderator; (3) present at a poster session. There is no funding from the Graduate School, LSC. **The Graduate School, Health Sciences Campus, will reimburse the graduate student for up to \$300.00 per conference for two conferences during the course of the student's Ph.D. study.**

<u>Please Note:</u> Funding will be given **only** to those applicants who can demonstrate their participation in a conference for the coming year at the time they apply for funding. The Graduate School <u>will not approve advances</u>. If you are awarded funding, the money will be reimbursed after your trip.

TRAVEL EXPENSE REPORTS

After the conference, the following Graduate School Travel Request Form, along with the completed Loyola University Expense Reimbursement Form must be filed with the Graduate School within three weeks.

The Loyola University Expense Reimbursement Form is also found under "Forms" in the Student Resources area of www.luc.edu/biomed.

To meet the demands of the Budget Control Office, the graduate student must attach his/her portion of the airline/train/bus ticket, all pertinent convention expenses, such as the <u>original</u> hotel bill and all <u>original</u> meal receipts, and a <u>copy of the conference program</u>.

The Travel Expense Report and all attachments should be sent to the Graduate School, CTRE bldg., Rm. 140.

TRAVEL REQUEST FORM – GRADUATE STUDENT

GRADUATE SCHOOL – Health Sciences Campus

2019 - 2020

Name:	
RESENTATION DOCUMENTATION: A copy of information documenting your rofessional participation at this conference, e.g. acknowledgement letter, copy of propriate program page MUST accompany this request. PLEASE NOTE: The maximum reimbursement level for meals while traveling is \$71.00 per day: reakfast \$18, lunch \$19, and dinner \$34. Resentation: Date:	
Bldg:Room:	Telephone No.:
Request:1 st 2 nd	
Name of Conference:	g:
Title of Presentation:	
City, State:	Date:
professional participation at this	conference, e.g. acknowledgement letter, copy of
PLEASE NOTE:	
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Chairperson's Approval:	Date:
Graduate School Approval:	
Leanne Cribbs, Ph.D.	Date
Amount Approved:	