

CONFERENCE TRAVEL POLICY FOR GRADUATE STUDENTS

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.**

For approval of this funding, complete and submit below "Travel Request" form, prior to your conference. Include professional participation, e.g. acknowledgement letter and email to Margarita Quesada at mquesad@luc.edu.

Please Note: 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 **will not approve advances**. If you are awarded funding, the money will be reimbursed after your trip.

TRAVEL EXPENSE REPORTS

After the conference, a Loyola University Expense Reimbursement form must be submitted to the Graduate School within three weeks.

The Loyola University Expense Reimbursement Form can be found at www.luc.edu/finance/forms.shtml. Choose the "Expense Reimbursement Form" under "Accounts Payable Forms."

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 **original** hotel bill and all **original** meal receipts, and a **copy of the conference program**.

Return the completed Expense Reimbursement Form and all attachments to Margarita Quesada at email mquesad@luc.edu.

**GRADUATE SCHOOL
BIOMEDICAL SCIENCES
Health Sciences Campus**

TRAVEL REQUEST FORM – GRADUATE STUDENT

GRADUATE SCHOOL – Health Sciences Campus

Name: _____

Program: _____

Bldg: _____ Room: _____ Telephone No.: _____

Request: _____ 1st _____ 2nd

Name of Conference: _____

Title of Presentation: _____

City, State: _____ Date: _____

PRESENTATION DOCUMENTATION: A copy of information documenting your professional participation at this conference, e.g. acknowledgement letter, copy of appropriate program page MUST accompany this request.

PLEASE NOTE:

The maximum reimbursement level for meals while traveling is \$74.00 per day: breakfast \$18, lunch \$20, and dinner \$36.

Please return this form and proof of participation to Margarita Quesada at email – mquesad@luc.edu. Correspondence of your conference travel award will follow.

Chairperson's Approval (if in program) : _____

Date: _____ Name: Print / Signature

Graduate Program Director Approval: _____

Date: _____ Name: Print / Signature

Graduate School Approval:

Mitchell F. Denning, Ph.D.

Date

Amount Approved: _____