

## ULM College of Pharmacy Student Travel Application

Each student requesting travel reimbursement from the College of Pharmacy must complete this form as soon as he/she learns of impending travel, or at least 30 days (for domestic travel) or 60 days (for international travel) before travel, whichever comes first.

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Name of Organization: \_\_\_\_\_ List all Students Traveling (attach separate sheet if needed): \_\_\_\_\_

### Explanation of Travel

Dates of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Name of Seminar, Conference, Reason for Travel, etc.: \_\_\_\_\_

Why are you requesting travel reimbursement from the College of Pharmacy? (Presenting, competing, acting as delegate, award, professional development, etc.)  
\_\_\_\_\_

Name of Trip Advisor or Faculty/Staff Member Traveling: \_\_\_\_\_

### Estimated Travel Costs

Please provide any documentation showing the estimated cost, such as a printout of the conference information, hotel rates or any other information that you can show in order to help us get a close estimate of total costs.

Reason for Cost (Attach Separate Sheet if Needed):	Cost for this Student:	Group Total, if known:
Transportation (Gas, Rentals, Airfare, Taxis, Shuttles, etc.):		
Lodging:		
Conference/Seminar/Workshop Fee:		
Meals:		
Other (list details): _____		
<b>Totals:</b>		

Fundraising Events held by organization: \_\_\_\_\_ Amount **Funded by Organization**: \_\_\_\_\_ Amount **Requested from COP** for student: \_\_\_\_\_

Upon completion, please sign and return to Michelle Massey in OSPA Office. Once it has gone before SAC and all parties have approved, primary contact will be notified of approval or denial and amount, if any, that has been approved for payment.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mary L. Caldwell: \_\_\_\_\_ Date: \_\_\_\_\_

After review, the Student Affairs Committee (SAC) recommends that up to \$ \_\_\_\_\_ be approved to be paid from COP funds for this student.

SAC Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Max. Amount to be paid by COP & Account #: \_\_\_\_\_ Date: \_\_\_\_\_