

## PGSA Travel Expenses Reimbursement Form

<b>Name:</b>	<input type="text"/>			<b>Conference Dates</b>	<input type="text"/>	
<b>Division</b>	<input type="text"/>			<b>Your Travel Dates:</b>	<input type="text"/>	
<b>Conference date &amp; location:</b>		<input type="text"/>				
<b>Reimbursable expenses</b>		Registration fee, transportation, lodging and food				
<b>Non-Reimbursable expenses</b>		Society membership fees, alcohol, tobacco, gifts, tips and other unrelated items				

S. No	Date	Item Description	Amount (USD)	Amount to be reimbursed by PGSA (USD)	Amount from other sources	Name of other fund
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount			<input type="text"/>			
Total amount to be reimbursed by PGSA				<input type="text"/>		
Total Amount to be reimbursed by other funds					<input type="text"/>	
I certify that the information provided in this worksheet is true and correct to the best of my knowledge and belief						
Signature		<input type="text"/>		Date		<input type="text"/>

To: S. Vincent - Business Office 5.114 Date: \_\_\_\_\_

Subject: Travel Scholarship

On behalf of the College of Pharmacy and the Pharmacy Graduate Students Association, it is our pleasure to inform you that you have been awarded a \$\_\_\_\_\_ scholarship to help pay for your travel expenses and registration fees to a scientific meeting during the 2018/ 2019 academic year. These funds will be made available to you AFTER you have attended the meeting. Please retain ALL original receipts for expenses incurred from the meeting. Please submit your original receipts and a copy of your abstract within two weeks of returning from your meeting.

These scholarships are being awarded with the understanding that your expenses are not being completely covered by other funds. Your travel scholarship may not exceed your actual expenses associated with travel to the meeting.

If you do not attend the meeting, please inform a representative or advisor as soon as possible. We hope you will join Pharmacy Graduate Students Association in thanking the Dean for his generous support of your travel/education. If you have any questions, please contact any representative or your advisor.

\_\_\_\_\_

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#### TRAVEL SCHOLARSHIP

**Please complete the following within 2 weeks of returning from your meeting.  
Travel scholarship \$**

Meeting Attended: \_\_\_\_\_ Dates of Meeting:  
\_\_\_\_\_

City and State of meeting/event: \_\_\_\_\_

Print Your Name:

\_\_\_\_\_

UT EID: \_\_\_\_\_ Your Contact Phone # \_\_\_\_\_

Current address: \_\_\_\_\_

ALL APPLICABLE STUDENT TRAVEL PAPERWORK/REQUESTS WERE  
SUBMITTED AND AUTHORIZED PRIOR TO TRAVEL DATES.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Advising Professor's Signature