



PGSA Travel Expenses Reimbursement Form

Name:	<input style="width: 95%;" type="text"/>	Conference Dates	<input style="width: 95%;" type="text"/>
Division	<input style="width: 95%;" type="text"/>	Your Travel Dates:	<input style="width: 95%;" type="text"/>
Conference date & location:	<input style="width: 95%;" type="text"/>		
Reimbursable expenses	Registration fee, transportation, lodging and food		
Non-Reimbursable expenses	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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
7	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
8	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
9	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
10	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
11	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
12	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
13	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
14	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
15	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Total amount			<input style="width: 95%;" type="text"/>			
Total amount to be reimbursed by PGSA				<input style="width: 95%;" type="text"/>		
Total Amount to be reimbursed by other funds					<input style="width: 95%;" 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 style="width: 95%;" type="text"/>			Date	<input style="width: 95%;" type="text"/>	

STUDENT TRAVEL SCHOLARSHIP FORM

To: Tristan D’Artagnan – Business Office PHR 5.114

Date: _____

Subject: Travel Scholarship

On behalf of the College of Pharmacy and the _____, 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 ___/___ 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 _____ in thanking the Dean for his generous support of your travel/education. If you have any questions, please contact any representative or your advisor.

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 Signature

Advising Professor’s Signature

Funding Section	
Research Day Travel	Dean’s Allocation (Business Ofc) Acct # _____
Leadership Travel	Student Org Fundraising Acct # _____
PharmD Research Travel	Student Org Gift Acct # _____
Walgreen’s Diversity	Other Acct # _____
Other	