Student Travel Funding Request

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Status: \_\_MS1 \_\_MS2 \_\_MS3 \_\_MS4

Conference/Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination of Proposed Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Participation: \_\_\_Presenter \_\_\_UNLV SOM Student Representative

Student Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses**

Airfare \_\_\_\_\_\_\_\_ Lodging \_\_\_\_\_\_\_\_ Registration \_\_\_\_\_\_\_\_ Poster Printing \_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Total Cost \_\_\_\_\_\_\_\_\_

Other funding sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Travel Agreement**

In signing this form, you agree to the following:

1. I understand that as a representative of UNLV, School of Medicine, I will attend and participate in the previously stated event.
2. I am responsible for all costs outside of allotted travel funds. (Check with your student affairs coordinator as this may change)
3. I will not charge any items to the college, including but not limited to alcohol, meals, incidentals, car rental, ground travel, etc.
4. I confirm that I have read and agree to the UNLV School of Medicine Student Travel Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Please complete this form and submit it to Velanie Williams at [Velanie.Williams@unlv.edu](file:///C%3A%5CUsers%5Cparris1%5CDownloads%5CVelanie.Williams%40unlv.edu)