

Graduate Student Emergency Travel Funding Request Form
Philosophy Department, Indiana University

Name: _____

Date: _____

Name of Conference: _____

Location: _____

Dates: _____

Check All that Apply (Please Attach Documentation):

Refereed Paper

Invited Paper

Other

Title of Presentation: _____

Please explain briefly how the meeting is of particular benefit to your research or professional development. _____

Estimated Travel Budget

Source of Estimate

Air Fare \$ _____

Lodging \$ _____

Registration \$ _____

Total \$ _____

Amount requested from the Department: \$ _____

Amount applied for from other sources:

\$ _____ source _____

\$ _____ source _____

\$ _____ source _____

Please indicate the total amount of department allocated funds you have left: _____

Approved by:

Signature of Chair

Date