

Graduate Student Travel Funding Request Form
Philosophy Department, Indiana University

Name: _____

Date: _____

Name of Meeting: _____

Location: _____

Dates: _____

Check All that Apply (Please Attach Documentation):

Refereed Paper

Invited Paper

Commentator

Job Interviews

Title of Presentation: _____

Co-authors: _____

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

Proposed Travel Budget

Source of Estimate

Air Fare \$ _____

Per Diem \$ _____

Registration \$ _____

Miscellaneous \$ _____

Total \$ _____

Amount requested from the Department: \$ _____

Amount committed or requested from other sources:

\$ _____ source _____

\$ _____ source _____

\$ _____ source _____

Please indicate the total amount of departmental funding for travel you have received: _____

Approved by:

Signature of Advisor/Graduate Director

Date