

UND Tech Accelerator, Suite 2050 4201 James Ray Drive Stop 8367 Grand Forks ND 58202-8367 Ph.701.777.6736 vpr@UND.edu

GRADUATE STUDENT TRAVEL FUNDING APPLICATION

Requestor First Na	ame:			Last Name:			
Student/EMPLID #:			Email Address:			Phone #:	
Advisor:							
Department:				College/School:			
Name of Conferer	nce:						
Conference Locati							
Conference Dates: Start Date: End Date:							
			of Acceptance mus				
Justification (Brief	iy expla	in how at	tending this confe	rence benefits you	and your depart	:ment/progra	am.):
Projected Travel Co	sts (No	te: All exr	nenses will he reim	hursed in accordan	nce with LIND no	licies):	
Projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed in accordance with UND projected Travel Costs (Note: All expenses will be reimbursed to the All expenses will be						\$	
Air Transportation:						\$	
Ground Transportation:						\$	
Lodging:						\$	
Meal Per Diem:						\$	
Other:						\$	
Total:						\$	
Amount Requested (\$500.00 Limit):							
Amount Requeste	a (\$500	.00 Limit)	:			\$	
List Additional Fund	انمج (مر	reas (Nat	o whathar panding	. or opproved).			
List Additional Fund	ang soc		e whether pending Source:	or approved):	1	Amount:	
Source 1:			Source.				
						\$	
Source 2:						\$	
Source 3:						\$	
Source 4:						\$	
Total:						\$	
Required Signature	s:						
Student:						Date	
Advisor/Department Chair:						Date	
Application guideli https://und.edu/re Notice of Acceptan Accelerator, Suite 2	esearch ce to th	/about/g e Office o	raduate-student-t of the Vice Preside	ravel-funds.html. S	Submit the com	pleted applic	
Approved Am	ount: \$_			☐ Denied			
VP for Research & I	ED or De	esignee: _			[Date	