**Chemistry Department**

**Travel Fellowship**

**Application Form**

The **Departmental Travel Fellowship program** provides funds for post docs, graduate and undergraduate students to support travel to national scientific meetings. There are no deadlines. However, you must submit your request a minimum of one month prior to your departure date. Applications are limited to one application per presenter per annum.

To request travel funds, you must fill out this form to include ‘Estimated Budget’. This form must be signed by you and your adviser. You will be notified when it has been approved to complete the pre-trip travel request on-line through Concur (Firefly). First year graduate students have already been awarded travel funds as part of their offer letter. Those funds must be used before they are eligible to apply for this program.

The faculty member is expected to match 1:1. The program will assist in funding for airfare, lodging, ground transportation, parking, and registration (allowed only if the presenter is a member of the society). Food will be at the expense of the faculty’s funding source.

Provide the following information about **YOU**:

|  |  |
| --- | --- |
| Name: |  |
| Adviser’s Name: |  |
| Currently in which semester of study? |  |
| Doctoral or Master’s program? |  |
| List of peer-reviewed UNL publications: (you may paste in a list of publications from your vitae) |  |
| Other supporting information: |  |
| By the date of your travel, will it have been more than 12 months since your last Dept. Travel Fellowship? (yes or no) |  |
| Prior Conferences and Meetings: (give names, dates, poster or lecture) |  |

Provide the following information about the **CONFERENCE OR MEETING**:

|  |  |
| --- | --- |
| Name: |  |
| Date(s): |  |
| Location: |  |
| Application deadline: |  |
| Are you a member of the society? |  |
| Poster or Lecture: |  |
| Title of Poster/Lecture: |  |

Provide the following information about the **FUNDING REQUEST**: (attach signed Pre-Trip Authorization Form)

|  |  |
| --- | --- |
| Estimated total cost of travel: |  |
| Estimated cost of meals: |  |
| Fundable Amount: (total cost – meals) |  |
| Other sources of funds: |  |

For the **ADVISER**:

|  |  |
| --- | --- |
| Do you agree to provide half of the fundable portion? |  |
| If Yes, give grant name and number: |  |

Adviser’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application form, I understand I must follow UNL travel policies (<http://bf.unl.edu/travelpolicy/> ) to be reimbursed for the expenses.

Submit this application with Estimated budget (next page) to Kate Shaner, 546A Hamilton Hall

**Estimated Budget**

|  |  |
| --- | --- |
| **Description:** | **Budget Amount** |
| Airfare: City flying out of: City flying into: |  |
| Lodging: estimated number of nights |  |
| Registration: does it cover any lodging/meals? Yes No |  |
| Meals: number of days |  |
| Taxi, Bus |  |
| Car Rental |  |
| UNL State Vehicle |  |
| Personal Car (mileage rate $.25/mile) Total number of miles: |  |
| Other Expenses: please identify |  |

1. Will your airfare be prepaid through Travel & Transport? \_\_\_ Yes \_\_\_ No
2. Will your registration be prepaid through ChemPurchasing \_\_\_ Yes \_\_\_ No