

Student Department Travel Form

The Department Travel Award is \$250 for one student per research group for a fiscal year. A fiscal year begins July 1 and ends June 30th.

STUDENT INFORMATION

UofL ID#: _____

Name: _____ Research Group: _____

Address: _____

Email: _____ Phone: _____

TRIP INFORMATION

Destination: _____

Dates of Travel: _____

Purpose of Trip: _____

Additional Comments: _____

AUTHORIZATION

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

By signing this form, I understand that this is a onetime offer for my group and this is the only form I have signed for this fiscal year.

Department Chair Signature: _____ Date: _____