

REQUEST FOR FUNDING APPLICATION FORM
Please complete this form and email to hscodi@louisville.edu.

HSC Office of Diversity & Inclusion

Employee / Student Name _____

Employee / Student ID # _____

Address _____

Phone # _____ E-mail Address _____

Meeting/Activity _____

Destination _____

Date/Time of Departure _____

Date/Time of Return _____

Abstract/poster presentation/workshop? _____ (be sure to attach abstract/presentation confirmation)

If so, with whom (faculty mentor)? _____

What is your UofL student group/chapter affiliation? _____

How many students from group/chapter are attending? _____ Names of the other students: _____

Are you a chapter officer? If not, in what capacity did you attend? _____

Additional Information: _____

BUDGETED EXPENSES

Employee / Student Name _____

Employee / Student ID # _____

REMEMBER: Only travel expenses actually incurred will be reimbursed. Receipts must be detailed vendor receipts; credit card receipts are not acceptable. All original receipts must have your name, the amount, and form of payment to receive reimbursement.

Lodging	\$ _____
Registration Fee	\$ _____
Air Fare	\$ _____
Mileage: _____ miles x \$0.54/mile	\$ _____
Ground Transportation	\$ _____
Other Expenses (please specify): _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses	\$ _____

Submit this page to:

Brian J. Davis
HSC Office of Diversity & Inclusion
Health Sciences Center
University of Louisville
Louisville, KY 40292
502-852-7159
hscodi@louisville.edu

SOURCES OF FUNDING

Employee / Student Name _____

Employee / Student ID # _____

Please indicate below all possible contributions from all other sources. Make a notation next to those sources that are pending approval.

	<u>Amount</u>	<u>Pending</u>
Sponsoring Association/Organization		
_____	\$ _____	_____
Other Sources(s):		
_____	\$ _____	_____
_____	\$ _____	_____
Total Sources of Possible Funding	\$ _____	_____

If presenting at conference/meeting, be sure to attach abstract/presentation confirmation.

I hereby declare that the information furnished above is complete and accurate to the best of my knowledge.

Signature _____ **Date** _____

Return the completed form to:

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ACTUAL EXPENSES

Employee / Student Name _____

Employee / Student ID # _____

Be sure to include **all receipts**. **REMEMBER:** Only travel expenses actually incurred will be reimbursed. Receipts must be detailed vendor receipts; credit card receipts are not acceptable. All original receipts must have your name, the amount, and form of payment to receive reimbursement.

Lodging	\$ _____
Registration Fee	\$ _____
Air Fare	\$ _____
Mileage: _____ miles x \$0.54/mile	\$ _____
Ground Transportation	\$ _____
Other Expenses (please specify):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses	\$ _____

Return this page and **original receipts** to:

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