



### Request for Student Travel Funds

**Department/Program**

- Biochemistry
- Human Genetics
- Microbiology, Immunology & Parasitology
- Oral Biology
- Pharmacology & Experimental Therapeutics
- Biometry
- Interdisciplinary
- Pathology
- Cell Biology & Anatomy
- MD/PhD
- Neuroscience
- Physiology

**Student Name** \_\_\_\_\_

**Faculty Advisor** \_\_\_\_\_

**Meeting to be Attended** \_\_\_\_\_

**Meeting Location** \_\_\_\_\_ **Meeting Date** \_\_\_/\_\_\_/\_\_\_

- Attachments Required**
1. A Copy of the Submitted Abstract Listing the Title of the Presentation and the Authors/Presenters
  2. The LSUHSC Prior Approval and Travel Form for Signature

<b>Estimated Expenses</b>	Registration	\$ _____
	Transportation	\$ _____
	Meals	\$ _____
	Accommodations	\$ _____
	Other	\$ _____
	<b>Total Amount Needed</b>	<b>\$ _____</b>

**Amount from Department**

Amount from Advisor \$ \_\_\_\_\_ Account # \_\_\_\_\_

Amount from Other Sources \$ \_\_\_\_\_ Account # \_\_\_\_\_

Total from Department \$ \_\_\_\_\_

**Balance Requested from Graduate School**

\$ \_\_\_\_\_ Account # \_\_\_\_\_

**Approval**

\_\_\_\_\_  
Department Head Date \_\_\_\_\_

\_\_\_\_\_  
Dean/Assistant Dean School of Graduate Studies Date \_\_\_\_\_