

Graduate Student Travel Funding Request Form  
Philosophy Department, Indiana University

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Check All that Apply (Please Attach Documentation):

Refereed Paper

Invited Paper

Commentator

Job Interviews

Title of Presentation: \_\_\_\_\_

Co-authors: \_\_\_\_\_

Please explain briefly how the meeting is of particular benefit to your research or professional development. \_\_\_\_\_

\_\_\_\_\_

Proposed Travel Budget

Source of Estimate

Air Fare \$ \_\_\_\_\_

\_\_\_\_\_

Per Diem \$ \_\_\_\_\_

\_\_\_\_\_

Registration \$ \_\_\_\_\_

\_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

\_\_\_\_\_

Total \$ \_\_\_\_\_

Amount requested from the Department: \$ \_\_\_\_\_

Amount committed or requested from other sources:

\$ \_\_\_\_\_ source \_\_\_\_\_

\$ \_\_\_\_\_ source \_\_\_\_\_

\$ \_\_\_\_\_ source \_\_\_\_\_

Please indicate the total amount of departmental funding for travel you have received: \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Signature of Advisor/Graduate Director

\_\_\_\_\_  
Date