

**Graduate Student Conference Funding Application – GSA and GSPDG Common Application\***

\*For both Graduate Student Association and Graduate Student Professional Development Grant funding

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**RETURN THIS FORM TO YOUR INDIVIDUAL GRADUATE STUDENT ASSOCIATION (GSA)**

Date \_\_\_\_\_ Student ID # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

PioneerWeb mailing address\* \_\_\_\_\_

\*If funded, check will be mailed to PioneerWeb mailing address (unless already set up for direct deposit for student reimbursements in PioneerWeb)

Academic Department or Graduate Program \_\_\_\_\_ Degree \_\_\_\_\_

Type of Activity (Please circle only one): Professional Academic Conference Other Venue

Name of Conference/Venue \_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_

Role(s): Presenter Chair Attending

**GSPDG:** Check here if you are eligible and would like to be considered for additional funding from the Graduate Student Professional Development Grant (GSPDG). **Please see GSPDG Application and Guidelines for eligibility requirements and instructions.**

GSA \_\_\_\_\_ GSA Representative Name \_\_\_\_\_

Total Reimbursement Requested\* \$ \_\_\_\_\_ (Amount should match expenses listed on page 2)

\*Include GSPDG reimbursement request, if applicable.

Have you or will you receive additional funding for this activity, other than from your Graduate Student Association? Yes No

If yes: Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

By signing below, I confirm that I have **read, understand, and agree** to all of the policies and guidelines of my Graduate Student Association for funding. I also confirm that I am requesting reimbursement for legitimate conference expenditures and I have not been reimbursed for them by any other means. I understand that submitting duplicate expenses is a violation of the honor code and will be reported.

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

Graduate Director or Thesis/dissertation advisor: \_\_\_\_\_ Date: \_\_\_\_\_

## Expenses Log

**IMPORTANT Please include all expenses for which you are requesting GSA and GSPDG reimbursement on one application. Do not submit separate expense logs or receipts.** Review your individual GSA and the GSPDG guidelines for details on which expenses can be submitted for reimbursement. Include only expenses for which you have receipts in your name or, if you reimbursed another individual, written confirmation from the individual that you incurred the expense.

Attach all original, official, detailed receipts. An original receipt must include: your name, a description of the expense, an amount, a date, and a method of payment. For receipts received electronically (e.g., an airline ticket), you must print an original version of the receipt. Photocopies of traditional or electronic receipts will not be valid and should not be included with your application. If your application is missing an original, official, detailed receipt, it will be rejected.

<b>Important-please include <u>all</u> expenses for which you are requesting GSA and GSPDG reimbursement!</b>			
<b>Expenses</b>	<b>Dates</b>	<b>Description</b>	<b>Amount</b>
<b>Transportation</b>			\$
			\$
			\$
			\$
			\$
<b>Lodging</b>			\$
			\$
			\$
<b>Registration Fees</b>			\$
			\$
<b>Other</b>			\$
			\$
			\$
			\$
			\$
			\$
		<b>Subtotal</b>	\$
<b>Less amount reimbursed by others (NOT including GSA funding)</b>			\$ (     )
<b>Total amount requested from GSA (and GSPDG if applicable)</b>			\$

### For Graduate Student Association Use Only

Approved\*  Yes  No      Amount approved for the above activity \$ \_\_\_\_\_

\*If approved, please forward original application materials to the budget office for your GSA. If the applicant checked GSPDG box above please ask your GSA budget office to scan the Direct Pay Cover Sheet and all materials and email to the Office of Graduate Studies at [gstbud@du.edu](mailto:gstbud@du.edu) .

By signing below, I confirm that I am authorized by my GSA to make funding decisions and the information that I am providing is accurate

Approved by: Printed Name: \_\_\_\_\_ GSA Office held: \_\_\_\_\_

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