

COEHP Request for Supplemental Support for Graduate Student Travel

Mail or email to: Office for Administration
Form must be submitted prior to travel and as early in the fiscal year as possible
Required attachments: Travel request form and Graduate School approval letter

Traveler Information

Student name: _____ Date: _____
Department: _____
Travel start date: _____ Travel end date: _____

Purpose of Travel: (Location, name of conference or workshop, brief description of the purpose of the travel)

Benefits of travel to the student, department, and/or college:

Funding

Estimated cost of travel: _____ Dept committed amount: _____

Cost center name	Cost center number	%/ \$

Signatures

Student signature: _____ Date: _____

Department head signature: _____ Date: _____

OADA signature: _____ Date: _____

OADA use only Committed percentage: _____