

# COEHP Request for Supplemental Support for Graduate Student Travel

Email to: Office for Administration (OADA)

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: \_\_\_\_\_

UACconnect ID: \_\_\_\_\_

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:

## Departmental Funding

Estimated cost of travel: \_\_\_\_\_ Dept committed amount: \_\_\_\_\_

Worktag name	Worktag number	%/ \$

## Signatures

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department head signature: \_\_\_\_\_ Date: \_\_\_\_\_

OADA signature: \_\_\_\_\_ Date: \_\_\_\_\_

*OADA use only* Committed percentage: \_\_\_\_\_