



DEPARTMENT OF HUMAN DEVELOPMENT & FAMILY SCIENCES

TEXAS TECH
College of Health & Human Sciences

HDFS Graduate Student Travel Request

Form must be submitted via email to Graduate Program Director (copy Graduate Program Coordinator) at least 45 prior to travel to be considered for funding.

Name: _____ R#: _____ Date: _____ Classification (MS or PhD): _____

Destination: _____ Date of Departure: _____ Date of Return: _____

Have you traveled this academic year? Yes No If yes, when? _____

Will class be affected during travel? Yes No

If yes, what arrangements have been made? _____

Is this related to your thesis? Yes No Are you the presenting author? Yes No

Related to your 7000 project? Yes No Related to your dissertation? Yes No

Is this travel request to attend an additional conference for this academic year (PhD students only)? Yes No

Is this travel request to attend a training for this academic year (PhD students only)? Yes No

Has your advisor been made aware of this travel and approved? (advisor approval needed if attending conference in which student isn't presenting and must attach advisor approval)

Yes No Advisor name: _____ Date approved: _____

Full name of conference: _____ (conference name spelled out)

Conference and/or Training website: _____ (attach website link here)

Name of Authors: _____

Purpose and benefit of trip (clear explanation and how trip benefits TTU is required):

Estimated Expenses: Is an advance being requested for this travel? Yes No (please indicate below what you are requesting an advance for by selecting the appropriate box:

Pre-paid Non-Prepaid

Conference Registration Fee (use p-card): \$ _____

Airfare: \$ _____

Lodging: \$ _____ (if not staying at conference hotel per diem must be followed (<https://www.gsa.gov/travel/plan-book/per-diem-rates>). If conference hotel is full, a notice stating so is required by hotel. If there are multiple conference hotels or overflow is being held at another hotel documentation will be required). Conference program needs to be submitted upon return verifying this was a conference hotel to be reimbursed for per diem overage.

Will you be sharing a room? Yes No Who with: _____

Meals (all receipts will be required to submit upon return): \$ _____

Fuel (receipts are required upon return when driving personal vehicle): \$ _____

Mileage Calculator (filled out by Coordinator) will be used to determine amount of reimbursement when driving personal vehicle. Whichever difference is less between renting a car or using personal vehicle will be reimbursed.

Ground Transportation: \$ _____

Other (specify): \$ _____

Total Expenses: \$ _____

Amount of pre-paid expenses if requesting advance: \$ _____ (receipt must be turned in at time of travel request to be reimbursed)

Percentage and amount of non-prepaid expenses if requesting advance: _____% \$ _____ (please indicate what percentage (up to 90%) of total non-prepaid costs you are requesting an advance for) Refer to graduate handbook for information on what qualifies as non-prepaid expenses. *If total trip cost is less than what advance was given for, you will be required to pay back. Non-prepaid advances are typically disbursed 5 days prior to traveling.*

Department Approval Signature _____

Date _____