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| **University of Iowa Graduate and Professional Student Government** | | | | | | | | | |
| **GPSG Travel Grants Travel Expense Report** | | | | | | | | | |
| Date: |  | | | | | | | |  |
| **Traveler Information** | | | | | | | | | |
| Last Name: | |  | | | Email: | |  | | |
| First Name: | |  | | | Phone: | |  | | |
| ID#: | |  | | | Department: | |  | | |
| Graduation Date: | |  | | |  | |  | | |
| **Travel Information** | | | | | | | | | |
| Title of Conference: | |  | | | | | | | |
| Location: | |  | | | | | | | |
| **Student Travel Expense Report** | | | | | | | | | |
| Date | Time of: | | | Description or Destination | Meals | Lodging | | | Transportation |
| Depart | | Arrive |
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|  |  | |  |  |  |  | | |  |
| Totals for all travel expenses: | | | | |  |  | | |  |
| **Miscellaneous Expenses** | | | | | | | | | |
| Description | | | | | | | | | Cost |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
| Total: | | | | | | | | |  |
| **Funding** | | | | | | | | | |
| GPSG Travel Grants | | | | | | | | |  |
| Funding Source #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |
| Funding Source #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |
| Funding Source #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |
| Own Pocket | | | | | | | | |  |
| ***Total Funding (Must Match Total Expenses):*** | | | | | | | | |  |
| I HEREBY CERTIFY THAT I AM THE PAYER FOR ALL ITEMS OF EXPENSE INCLUDED IN THE ABOVE AMOUNT AND THAT THE ITEMS WERE NECESSARY IN ATTENDING THE STATED CONFERENCE; AND I DECLARE, UNDER PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND VALID CLAIM AND FOR VALUE RECEIVED. | | | | | | | | | |
| CLAIMANT SIGNATURE: | | | | | | | | DATE: | |
| Please attach all receipts. Without receipts, award disbursement will not occur. | | | | | | | | | |