

**The Catholic University Of America**

*Department of Greek and Latin*

*McMahon Hall 205*

*Washington, DC 20064*

*202-319-5216*

**Graduate Student Travel Funding Final Expense Report**

Name of Traveler:

Conference Title:

Location:

Conference Dates:

Paper Title:

Transportation Method (circle one): AIR - RAIL - BUS - RENTAL - PERSONAL CAR

**Actual Costs**

Transportation: $

Lodging/Meals/Misc: $

Registration: $

TOTAL: $

Other Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Funding Received from Above Sources: $

Funding Sought from **GL Graduate Student Travel Fund**: $

**IMPORTANT:** The University’s TRAVEL EXPENSE REPORT must be submitted within **15 days** after completion of the trip in order for reimbursement to be processed.

I hereby affirm that, to the best of my knowledge, I have completed the expense report accurately and verified that the requests for reimburse comply with the current protocol for reimbursement as delineated in the *Greek and Latin Travel Fund Reimbursement Protocol*.

**DEPT USE ONLY**  
SNR:\_\_\_\_\_\_\_\_  
PPD:\_\_\_\_\_\_\_\_\_\_  
Amount Authorized:\_\_\_\_\_\_

Traveler Date

Authorizing GSA Officer Date

Faculty Advisor Date

**PLEASE NOTE THE FOLLOWING:**

Receipts are required for most items; see the University Travel Policy for details. <http://policies.cua.edu/finance/finance/Travel/travel.cfm>.