

**The Catholic University Of America**

*Department of Greek and Latin*

*McMahon Hall 205*

*Washington, DC 20064*

*202-319-5216*

**Graduate Student Travel Funding Promissory Note**

Name of Traveler:

Conference Title:

Location:

Conference Dates:

Paper Title:

Method of Transportation (Circle one): AIR - RAIL - RENTAL - PERSONAL AUTO

**Estimated Costs**

Transportation: $

Lodging/Meals/Misc: $

Registration: $

TOTAL: $

Other Sources Applied to for Funding (with amounts): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Funding Sought from Above Sources: $

Total Funding Approved to Date from Above Sources: $

Total 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.

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

Traveler Date

Authorizing 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>.