GRADUATE SCHOOL
Office of Graduate Education
and Postdoctoral Affairs
THE UNIVERSITY OF UTAH

Postdoctoral Travel Assistance Award Application

Please provide your information below, including your professional development activity details. Work with your PI to complete the last section. Once the application is complete with all three signatures (postdoc, program administrator, and PI), submit the application online: https://tinyurl.com/postdoc-award

Postdoc Information

First Name: _____

Last Name: _____

UNID (u1234567): _____

Phone Number: _____

UMail (uNID@utah.edu): _____

Application Details

Department or Program:

_____

Professional Development Activity:

_____

Host Organization: _____

Does your Professional Development activity require travel?

☐ Yes   No☐

City: _____

State: _____

Country: _____

Start Date of Activity (or travel date): _____

End Date of Activity (or return date): _____

<u>How will this activity benefit you professionally?</u>

Estimated Expenses (USD)

        Registration: $_____

        Abstract Fee: $_____

        Other: $_____

For activities that include travel:

        Airfare: $_____

        Ground Transportation: $_____

        Lodging: $_____

        Other: $_____

Total Estimated Expenses: $_____

Allowable Expenses:

- Activity registration fees
- Abstract fee
- Airfare/car mileage
- Lodging
- Ground transportation

Non-allowable expenses:

- Meals
- Per diem
- Society membership fees
- Concur report fee
- Car rentals

I, _____, confirm that the information stated in this application is correct.

Postdoc Signature: _____

Date: _____

Continue to next page for program approvals

The section below must be completed by the applicant's program administrator

Program Administrator:

Amount provided by program or University fund: $_____

Reimbursement method (Concur, ePR, or eJournal): _____

I, _____, agree that the information stated in the preceding section is correct and that I am responsible for coordinating the reimbursement and reporting the award in Scholarship Administration, if funds are awarded.

Program Administrator Signature: _____

Date of Approval: _____

PI Approval

Full Name (Printed): _____

Signature: _____

Date of Approval: _____

Instructions for Submitting Application

Once this form is complete (including approvals), please submit the application online: https://tinyurl.com/postdoc-award