## Request for Student Travel Funds Please type directly into this form. You must submit this travel fund request with all required documentation no later than 15 days prior to the conference to the Office of Research and Sponsored Projects.

Student Name:				CID:		
ASU e-mail:			Phor	Phone:		
Department:			Unde	ergraduate	Graduate	
Conference Name:						
Conference Location:						
Conference Dates:						
Paper	Poster Performance/Exhibit Other			(specify):		
Presentation Title:						
Co-Presenters:						
Faculty Sponsor:				Faculty Signature:		
Estimated Tra	avel Expenses	(in whole dollar figures):				
Airfare: Other Transportation: Lodging: Meals: Registration: Incidentals: Total Amount Requested:  List any additional funding sources and amounts you may receive:  By signing the form, I acknowledge and agree to the stated rules regarding Angelo State University student travel.						
Student Signa	ature		Date		_	