



UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE PEORIA

STUDENT TRAVEL FINANCIAL SUPPORT APPLICATION

PMSC/BUDGET ADVISORY COUNCIL

INSTRUCTIONS:

Complete and submit Student Travel Financial Application form to the Student Affairs office or by email to jaymib@uic.edu well in advance of travel.

NOTES:

- The BAC meets on the 3rd Wednesday of each month to approve requests. It is important to submit your request well in advance of your travel/event to ensure that there is time for the BAC to go over your request and approve it.
- Students will be notified via email by a member of BAC shortly after the monthly meeting if their request has been approved/denied.
- If multiple students are traveling, ALL students should submit individual requests, itemizing their individual expenses.
- Advance purchases/reservations should not be made independently by the student without prior approval from Student Affairs. ***Travel arrangements that do not conform to state and university policies will NOT be reimbursed.***
- If travel is canceled or you do not need the funds, notify Student Affairs immediately so that the funds can be released.

HOW TO GET REIMBURSED:

A travel grant represents a promise of reimbursement upon submission of an itemized statement of expenses and receipt(s). Reimbursements are paid through UIC Student Accounts. To be reimbursed, students must itemize expenses and submit receipt(s) to the Student Affairs office or by email to jaymib@uic.edu within 30 days following the conclusion of travel/event.

PROHIBITED EXPENSES - *If you aren't sure, please ask before assuming it will be reimbursed.*

- Rental car charges (submit miles driven between home and conference instead)
- Membership Fees
- Travel between home/work and the departure/origin airport
- Incidental transportation in the conference city
- Alcohol
- Expenses paid on the behalf of others

Please contact Student Affairs with any questions you may have.

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309-671-8411
jaymib@uic.edu



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Name: _____ Email: _____

UIN: _____

Date(s) of event or travel: _____ to _____

Location (city/state) or online: _____

Title of conference or event: _____

Purpose of attending event: _____

If presenting a poster, paper, workshop, etc. provide FULL TITLE and names of co-presenters:

Anticipated Expenses: Estimate all expenses associated with your travel, including airfare, hotel, registration fees, meals, etc.

Description of Expense	Date(s)	Amount
TOTAL Anticipated Expenses	\$	

Anticipated Additional Funding: List all other anticipated sources of funding (outside of BAC) etc. for travel described above.

Indicate whether the amounts have been requested or have been approved.

Source of Funding	Requested	Approved	Amount
TOTAL anticipated funding from other sources	\$		

Permission to Attend: The signature of the appropriate clerkship/elective director (M3/M4) or Assistant Dean for Preclinical Instruction (M2) is **required** to confirm that your absence to travel has been approved.

Faculty Signature Name/Title Date

Amount Approved: _____ Date: _____

Funding Source: _____

Student Affairs/BAC Signature: _____