

ME/IE Travel Grant Reimbursement

Submit to Professor Traian Dumitrica for Approval

Name	_____	Date	_____
Address	_____	Email	_____
City, State, Zip	_____	Phone	_____
Social Security	_____	Student ID	_____

I presented the following paper:

Paper Title _____

Author(s) _____

Conference Information

Name: _____

Date(s)

Location

Expenses*: Air, hotel, car rental, mileage	_____
Meals	_____
Other	_____
Less support from other sources	_____
TOTAL AMOUNT APPROVED	_____

*** Please note: You must also complete a Travel Reimbursement Form (Employee / Non-Employee).
Contact Molly Ward at (612) 625-4099 / ward0086@umn.edu for questions.**

Student Signature

Advisor Signature

Traian Dumitrica, Graduate Fellowship Committee _____