

THE UNIVERSITY OF RHODE ISLAND	Graduate Student Association Memorial Union Kingston, RI 02881	GSA SCHOLARSHIP REQUEST								
Purpose of Travel:					Name:			Student ID:		
Conference & Location:					Continental U.S.?					
DATE:									n/a	
DAY:									n/a	
Currency Exchange Rate : US\$1.00									n/a	

<http://www.oanda.com/convert/fxdaily>

OUT-OF-POCKET EXPENSES											
Airfare											n/a
Miles traveled											n/a
Rate of Reimbursement	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50		
Mileage Expense											
Taxi/Limo											
Car Rental											
Parking											
Tolls											
Breakfast											n/a
Lunch											n/a
Dinner											n/a
Hotel (Room & Tax)											
Printing (for poster and/or presentation handouts)											
Conference Registration											
TOTAL OUT-OF-POCKET (A)											
Currency Adjustment (A1)											
EXPENSES PAID BY OTHER FUNDING SOURCES (Will not be reimbursed by GSA)											
TOTAL PAID FUNDING (B)											

CHECKLIST:

Original Receipts are attached for all expenses **REQUIRED**

Original Receipts are not attached because:

Other: _____

Lost

Report is signed by Advisor or Department Chair

I certify that the above expenses are correct and have not been paid by another source. I further understand that these expenses are subject to audit by URI GSA.

Signature _____

Signature _____

Advisor or Department Chair

TOTAL EXPENSES (A or A1) SUM

LESS:

EXPENSES ALREADY PAID (B)

SUBTOTAL

MAXIMUM AMOUNT ALLOWED BY GSA

AMOUNT OWED SUBMITTER

NOTE: REFER TO GSA GUIDELINES AND DUE DATES.

<http://www.uri.edu/gsa/pages/conference.html>

MAKE CHECK PAYABLE TO:	FOR URI GSA OFFICE USE ONLY	
Name:	Check #	Amount
Address:		
Phone:		
Email:		