***Human Nutrition, Foods and Exercise Travel Reimbursement Request***

*Please complete the following form and submit to Carolyn Smith (****ctsmith@vt.edu******, Wallace 301****). List your estimated conference expenses according to each section below. Please save this document; you will need to submit the same form both before and after the conference.*

**NAME:**

**VT ID #:**

**FACULTY ADVISOR:**

**DATE OF APPLICATION:**

**DEPARTURE DATE: (MM/DD/YY)**

**RETURN DATE: (MM/DD/YY)**

**PURPOSE OF TRAVEL:**

**CONFERENCE NAME:**

**CONFERENCE DATES:**

**TRANSPORTATION**

**DESTINATION:             (City, State)**

**PRIMARY METHOD OF TRANSPORTATION:**

**[ ]  Personal Vehicle Mileage:** **[ ]  One way [ ]  Round trip**

**[ ]  Rental Vehicle Rental Price:** **Gasoline:**

 **Parking:** **Tolls:**

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**[ ]  Air Fare/Other Air Fare:** **Other:**

**LODGING**

**LODGING TOTAL:       NAME OF HOTEL:**

**Conference Hotel:** **[ ]  Y** **[ ]  N Per night paid (excluding tax):**

**Shared Room?** **[ ] Y** **[ ]  N**

**Shared with:**

**OTHER FEES**

**Registration:       Prepaid:** **[ ] Y** **[ ] N**

**Membership:       Prepaid: [ ] Y [ ] N**

**Other:**

**OTHER SOURCES OF TRAVEL FUNDING**

**Virginia Tech Graduate School Assembly Travel Award Amount: $**

**Advisor funding amount (e.g., advisor covering registration):  $**

**Outside funding (e.g., conference award):  $**

 **\*\*If you've not received funding from 1 or more of the above sources, please mark this box.**

**I have not received and do not plan to receive funding other than HNFE Travel Fund: [ ]**

**SPECIAL INSTRUCTIONS/REQUESTS?**

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