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

*Please complete the following form and submit to Carolyn Smith (*[***ctsmith@vt.edu***](mailto: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:**

**­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**