

Please review the Student Travel Fund Policy before completing this form.

A. General Information

Name of person being reimbursed: _____

Full Address: _____

Cal U Email: _____ Phone: _____ Cal U Student ID: _____

If student is seeking reimbursement please include:

Faculty Mentor: _____

Mentor's Department: _____

B. Travel Details and Expenses

Name of Conference/Event: _____

Location: _____ Date(s) of Travel: _____

Itemize all expenses below and attach original receipts.

<i>Item Description</i>	<i>Cost</i>

Grand Total Reimbursement Requested: _____

Applicant's Signature: _____ Date: _____

If student include
Faculty Mentor's Signature: _____ Date: _____

- **Reimbursement forms should be submitted electronically to the Center for Undergraduate Research (cur@calu.edu).**
- **The form must be submitted within 15 days of return from the travel.**
- **Each student who is being reimbursed for travel must complete and submit a Project Summary Form within 15 days of return from the travel.**
- **Any questions can be directed to the Center for Undergraduate Research (cur@calu.edu).**