Application to Request Travel Funding

Stude	ent Name:		Date:
N#:	N	Email:	Phone:
Have	you failed any courses?	Yes□ No□	
If so,	specify credit hours.		
These	e are the only meetings eligi	ble for funding. Please identify	y the meeting you wish to attend:
	AACOM Annual meeting OMED Annual meeting FOMA Annual meeting DO Day on the Hill (Wash DO Day on the Hill (Talla COSGP meeting Poster Presentation	nington, DC)	
	Identify meeting:		
	Officer for national Osteo	pathic organization	
	Identify meeting: Position:		
	Officer for national Specia Identify meeting: Position:		
Are y		ort from PANSGA or any othe	er organization? Yes \Box No \Box
	If so, how much?	\$	
Meeting dates:		Tra	avel dates:
If trav	veling with another student(s	and sharing a room, please p	provide the other student's name(s):

Additional supporting documentation:

All requests for travel funds must submit at least **60 days** before travel dates. In order for travel funds to be approved we **MUST** have documentation including a meeting agenda and/or registration. Poster presentation requests must include documentation of the acceptance of your poster presentation (not the submission). Failure to submit appropriate documentation with this form will delay your approval.

Note: If you receive additional funding from another organization or PAN SGA after this approval, you are required to notify us of this.

Students will be notified of their approval for funds and the amount allocated usually within 2 days. Once approved, additional instructions will be provided to you. I have read and understand these requests.

Student Signature:	 Date:	
Approval Signature:	 Date:	
Approved amount:	\$	

*All reimbursements/receipts must be submitted no later than 30 days following the return from the trip.