UNIVERSITY OF OREGON | School of Journalism and Communication

Routing:
✔Academic Advisor
✔Director of the Doctoral Program
✔SOJC Accounting

SOJC GRADUATE STUDENT CONFERENCE TRAVEL FUNDING REQUEST

Funding requests must be approved by your advisor and the Director of the Doctoral Program.

Please be aware that these funds will be paid to your student account as scholarships but should NOT affect your financial aid.

If your travel plans change or are canceled, you MUST inform the SOJC Business Office right away.

Full Name:		
UO ID:	Email: @uoregon.edu	Today's Date:
Event:		Location:
Dates of Business Trip:	Personal travel included? (if yes, provide dates and include comparison quotes)	

BUSINESS PURPOSE: Explain how this trip benefits you, the SOJC and the UO. Please state the full name of the organization sponsoring the event (no acronyms). On how to write a business purpose, see:

https://ba.uoregon.edu/content/travel-reimbursement#Business_Purpose

Role in the event: □ Presenter/Panelist □ Attendee □ Other (explain):

Type of Presentation:	Title of Presentation:

Previous funding received from SOJC or other sources (amount and purpose):

Attach any copies of any supporting documentation (including acceptance letter, copy of paper, approved research proposal, abstract, etc.)

Estimated Travel Expenses

Please provide estimates of travel costs and source of funding. Include all charges that you might incur. **YOU ARE RESPONSIBLE FOR STAYING WITHIN THE APPROVED BUDGET. Payment will only be disbursed up to the dollar amount approved by the Director of the Doctoral Program.**

Expense	Estimate
Registration	
Airfare	
Fuel	
Lodging	
Per Diem	
Other: taxi, shuttle, parking, baggage, etc.	
TOTAL	

✓	Funding Source (select all that apply)	Index	Approved Amount
	Graduate Travel Budget	FGSTGF	
	Other:		
	Other:		
	Other:		

By signing this request, I attest that I have read and understood UO's travel and entertainment policy. I understand that all charges I intend to incur are within the scope of this request. I will submit a paid hotel or similar original receipt from the travel destination within 10 days after the date of the travel. **I also agree to inform the SOJC Business Office immediately if my travel plans change or are canceled.**

Requestor Signature	**Printed Name**	**Date**

Academic Advisor Signature	**Printed Name**	**Date**

SOJC Funding: □ Approved for: _____ Total Amount □ Denied Reason:

Director of the Doctoral Program	Christopher Chávez **Printed Name**	**Date**