

UCARE Travel/Conference Fund Application

Student Name: _____ Faculty Mentor: _____

Title of Conference: _____

Date(s) of Conference: _____ Location of Conference: _____

Conference Website: _____

Will anyone be attending with you? Yes No

Name of person attending with you: _____

Will you be presenting at the conference? Yes No

If "Yes", please provide the title of your presentation _____

Will you receive funding to attend this conference from any other source? Yes No

If "Yes", how much: \$ _____

Estimated Expenses: Typically, \$500 is the established upper limit.

Expense	Estimated Cost	Details
Registration		
Transportation		
Lodging		
Meals		
Taxis, Fares		
Mileage		
Airport Parking		
Other		
Total		

Student Signature _____ **Date:** _____

Faculty Mentor Signature _____ **Date:** _____

Faculty member's department financial contact: (Student to work with faculty member or business department to obtain name) _____

Department financial contact email: _____

Submit the completed form to: Director of Undergraduate Research, ucare@unl.edu

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Is this request approved? Yes No

If no, what is the reason for denial? _____

UCARE Office Approval: _____ **Date:** _____