

## Division of Medical Sciences Travel Request Form

### **Reimbursement Policies:**

- Before you travel: Complete and return this form to the DMS Accounting Office (260 Longwood Ave., TMEC 432)
- If you are traveling abroad: Please go to [www.traveltools.harvard.edu](http://www.traveltools.harvard.edu) to register your trip.
- The University will process reimbursements for travel only AFTER the travel has taken place.
- Submit your original receipts to the DMS Accounting Office within one week of returning from your trip.
- Proof of Attendance: Submit an event brochure, pamphlet, or name tag from the event.
- Electronic receipts: Submit receipt with a copy of your credit card statement as proof of payment.
- Meals: Must be reasonably priced. Alcohol is not a reimbursable expense. Provide itemized receipts if possible.
- Lodging: A hotel folio or an itemized bill is required.
- Airfare: Lowest coach class fare available. Flight and travel insurance is not a reimbursable expense.
- Please contact the DMS Accounting Office if you plan to use federal funds to pay for any part of your travel.

### **Personal Information:**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Harvard ID#: \_\_\_\_\_

Are you being supported by an NIH training grant: Yes    No

Describe your research interests: \_\_\_\_\_

Comment on how specific research topics covered will be a benefit to your research: \_\_\_\_\_

### **Conference Information:**

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Have you been accepted to attend this conference? Yes    No

Will you be presenting a talk or poster? Talk    Poster

If you are presenting, please provide brochure mentioning your presentation.

### **Estimated Expenses:**

Note: There is a \$600 limit for graduate students using the DMS Travel Allowance.

Registration: \_\_\_\_\_

Meals: \_\_\_\_\_

Lodging: \_\_\_\_\_

Other: \_\_\_\_\_

**Total:** \_\_\_\_\_

In the event the total is over \$600.00, will you receive financial support from other sources: Yes    No

If yes, Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

### **Approval Signature:**

**A** (Printed Name & Signature): \_\_\_\_\_

BBS: Thesis Advisor signature is required if in thesis lab; Program Advisor signature is required if not in a thesis lab.

Immunology: Thesis Advisor signature is required if in thesis lab; Program Advisor signature is required if not in a thesis lab.

Neuroscience: Bring to Karen Harmin for Dr. Segal's signature.

Virology: Bring to Lora Maurer for Dr. Knipe's signature.