

TAMUS-CS AGEP



Reimbursement Request
AGEP Travel Awards

Name: _____ UIN: _____ Date: _____
Last First MI

Email: _____ Department/IDP: _____ Total awarded: \$ _____

Date by which award was to be used (stated in award letter): _____

In the first column, list each item (i.e., airfare, conference registration) and the cost of each item in the second column. Reimbursement will be made for only the specific items requested on your original application. **Reimbursement requests must be submitted within 30 days of the return date.** NOTE: Reimbursement will be posted to your student account as a scholarship posting. **You will not receive a check from the Office of Graduate and Professional Studies. You must be a currently enrolled student to have an active student account through which this reimbursement is delivered. Questions? Contact tamus-agep@tamu.edu.**

The grant does not reimburse membership fees or any extra-curricular activities during your conference. No reimbursements will be given for research activities or travel to meetings prior to the award date. If funds from your research advisor, department, or any other source were applied to your actual expenditures, please list amounts and subtract from your sub-total in table below. Attach to this form:

- Completed and signed reimbursement form
- A copy of the email sent to you regarding the grant amount and approval
- All original receipts
- Evidence that you presented at the conference (conference program with your name listed, etc) – if applicable.
- Evidence that you attended and participated in a conference/workshop for professional development (copy of nametag, copy of Registration email confirmation, etc) – if applicable.
- Completed 1-2 page reflection paper about conference/workshop trip.
- 1-2 photos of you from the conference/workshop.

Item Description	Cost
Sub-total	
Subtract funds from advisor or dept applied to these costs	
Total amount requested	

Sign this form and deliver this form with all receipts/documentation to Office of Graduate and Professional Studies, 112 Jack K. Williams Administration Building, or email a scanned copy of the form with all documentation to tamus-agep@tamu.edu

_____ Signature _____ Date _____
 Print your name

For AGEP use only

Full time student _____ Documentation of approved activities submitted _____

Amount approved: \$ _____ Account # _____ By: _____