

Undergraduate Neuroscience Program Student Travel Funds Policies and Guidelines

In an effort to encourage and reward our neuroscience students who are active in research, the UAB Psychology Department and the Department of Neurobiology offers travel funds, up to \$200, to neuroscience students who attend national or international conferences to present their research that is mentored by a UAB faculty member. Presentations at local research conferences are not eligible. Travel funds will be awarded in accordance with available funds, and the policies and guidelines for requesting travel funds.

All applications must be approved by your mentor first and then submitted to Dr. David Knight (knightdc@uab.edu) at least 30 days in advance of the conference dates. Please place your application in an envelope and place in his CH 415 mailbox.

Any student applying for travel funds must be currently enrolled, and in good academic standing at the time of travel. Review of these applications, will consider the following requirements:

- The student must be a neuroscience major at UAB.
- The student must present his/her work as a poster at the Ost competition as well as the conference the funds are intended to support. If a student is awarded travel funds prior to the Ost competition and then does not present at the competition, the program will charge your student account for the \$200 previously awarded, which may cause registration, graduation or other holds to be incurred.

Dr. Knight, Co-Director of the Undergraduate Neuroscience Program, will review and approve all applications. Notification of awards will be sent via e-mail from the Psychology Department offices to the applicant, the mentor and the Co-Directors of the program.

Please see next page for required documentation for reimbursement of expenses.

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Out-of-State Travel:

Documentation

Per UAB Policy, original receipts are required for all expense reimbursement items (other than reasonable cash tips). **You must also provide a copy of your bank/credit card statement which shows the last four digits of the account number used for purchases, your name, and the actual charge.** Receipts and the Travel Reimbursement Checklist must be turned in within two weeks of travel end date to Olivia Hood. **Please do not tape or staple your receipts to blank paper.**

Private Car Travel

Travel by private automobile will be authorized only when it is advantageous to UAB. If allowed, mileage will be reimbursed based upon the federal mileage rate. Please make sure to check with Pam before driving. You must have prior authorization for travel by private automobile.

Lodging

An itemized hotel statement, showing a zero balance, is required. If you have "meal" charges (restaurant or room service) you must have an itemized meal receipt.

Alcohol

Alcoholic beverages or alcohol-related costs are **not allowed** under any circumstance. When possible, please ask for a separate check for any alcoholic purchases.

Meals

Meals are reimbursed based on actual incurred cost; however, the following maximum amounts are enforced: (A) Breakfast: \$25.00; (B) Lunch: \$50.00; and (C) Dinner: \$75.00. Snacks are not reimbursable.

In order to process a reimbursement, the traveler must sign the "Signature of Traveler" line of the travel reimbursement request certifying the conditions and terms of reimbursement. A Psychology Department staff member will contact the student via e-mail, once this form is ready for her/his signature.

The **application** for travel funds may be found on **page 3**.

The **Travel Reimbursement Checklist** may be found on **page 4**.

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APPLICATION ~ PLEASE PRINT INFORMATION CLEARLY

Date: _____

Travel Period: _____ to _____

Name: (last) _____, (first) _____

Student ID Number: B _____

US Mailing Address: _____

UAB E-Mail: _____

Research Mentor: _____

Name & Location of Conference: _____

Title of Presentation / Poster: A copy of your abstract/post must be attached.

Copy of email accepting poster for presentation attached: YES

Applicant's Signature: _____

Research Mentor's Signature: _____

{By signing this document you are endorsing this student's application for funds, and confirming this is a student of good academic standing.}

FOR Departmental USE ONLY:

Co-Director/Director's Approval: _____

Approval Date: _____

Original application to be submitted to Pam Gore (CH 415) once approved.

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Neuroscience Student Travel Reimbursement Checklist

ORIGINAL, ITEMIZED RECEIPTS for all expenses are attached. If credit card used, receipts must show name, last four digits of account number, and amount.

- Registration receipt and printed registration form, as well as documents on how registration was paid.
- Hotel invoice, showing a zero balance.
- Airline ticket itinerary must show purchase information.
- Itemized receipts for all expenditures, meals included.

Conference Program

- Copy of cover page showing conference name and dates is attached
- Copy of program page showing student presentation / poster is attached

Additional Travel Funds: If you received travel funds from a separate source, please provide Pam with the contact name and e-mail address, as well as a copy of any email notification regarding the awarding of those funds.

Daily Expenses:

Date	Breakfast Amount	Lunch Amount	Dinner Amount	Transportation and Miscellaneous	Amount
___/___/___					
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