

Request for Philosophy Department Conference Travel Funds

Student name: _____

Name of meeting: _____

Location: _____

Dates of attendance: _____

Estimated cost: Transportation: _____

 Accommodations: _____

 Registration: _____

 Total estimated cost: _____

Requested amount: _____

Signature: _____

Please attach abstract of paper to be presented.

Department Chair Approval Signature: _____

COA/Project Number: _____