**IMSD TRAVEL AWARD CHECKLIST**

Travel Award Recipient Name:

ID # Email:

Conference Name and Dates:

Conference Location (City/State):

**REGISTRATION**

Registration Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Personal funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paid by IMSD directly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Receipt attached

**TRANSPORTATION**

Airfare Total \*\* MUST be booked through Emory Travel $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Personal funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paid by IMSD directly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Receipt attached

OR

Mileage ($0.56/mile)

From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total miles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x $0.56 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Mapquest documentation attached

**HOTEL** \*\* receipt MUST be in awardee’s name

Hotel Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Personal funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Receipt attached

**MEALS** $25/day \*\* NO Alcohol!

* Itemized receipts total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Receipts attached

**PARKING/TAXI/SHUTTLE**

* Itemized receipts total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Receipts attached

***Total Paid by IMSD Directly*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Reimbursement requested*** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are ALL receipts affixed to 8x11 sheets of paper?
* Scanned and attached to email
* Hard copies delivered to Ludy Registre