**MUPA Travel Grant Reimbursement Application Form**

**\*updated for Fall 2024 cycle and later\***

A complete application includes:

1. A completed version of this application.
2. Your current CV.
3. A brief letter of support from your mentor (signed) – indicating they support you going to the conference and are aware you are attending.

Your application will not be considered if you have not provided all three materials by the award cycle deadline to [**mupatravel@missouri.edu**](mailto:mupatravel@missouri.edu).

Please indicate the award cycle for which you are applying: Fall Spring Summer

Year:\_\_\_\_\_\_\_

Applicant Information

|  |  |  |
| --- | --- | --- |
| Applicant Full Name: | Application Date: | |
| Applicant Phone: | Applicant E-Mail Address: | |
| Campus Address: | | |
| Department: | Job Title: | |
| Faculty Advisor: | Advisor Phone: | Advisor Email: |
| Advisor Signature: | Signature Date: | |

Previous Travel Grant Information

|  |  |
| --- | --- |
| Have you received funds from this program in the past? | If Yes, when/for which conference: |
| Is your appointment in the School of Medicine? |  |

**Planned Reimbursement Request**

\*Please initial each statement to indicate that you understand the reimbursement process.

\*Please note if all statements are not initialed, your application will not be considered.

\_\_\_\_\_\_ If awarded, I will be personally reimbursed for approved reimbursement costs (no other entity

can be reimbursed, e.g., I cannot ask for a PI’s grant to be reimbursed, I cannot ask for another postdoc to be reimbursed at this university or another university)

\_\_\_\_\_ If awarded, the reimbursement of up to $500 will only be provided to me after I attend the

Conference (majority of cases, though exceptions may be required to follow the 90-day rule – more info below).

\_\_\_\_\_\_ I will submit travel authorization through eCompliance. I understand that only travel authorized

by the University of Missouri within the eCompliance system will be eligible for reimbursement by this award.

\_\_\_\_\_\_ The approved reimbursable costs up to $500 include: (if paid for by my personal funds)

1. Membership or registration to the society for the conference I attend
2. Poster printing for the conference I attend
3. Lodging costs for the conference I attend
4. Childcare costs for time during the conference I attend
5. Flight purchases for the conference I attend

\_\_\_\_\_ I acknowledge the 90-day rule: in accordance with IRS regulations any receipt with a

transaction date more than 90 days prior to submission of the receipt is treated as taxable income and not a reimbursement.

\*\*Please indicate below the specific personal cost you plan to have reimbursed and the date of the transaction. This is especially important if it is a cost with a transaction date in the past/transaction made prior to attending the conference (such as membership, registration, or flight purchases), to ensure you follow the 90-day rule.

|  |  |  |
| --- | --- | --- |
| Item | Cost | Date I Made this Purchase/  Will Make this Purchase |
|  |  |  |
|  |  |  |
| **Total Requested Funds**  **($500 max.)** |  |  |

\_\_\_\_\_\_ Costs that are **NOT reimbursable** include:

1. Purchases using a university credit card charged to an existing grant, fund, or MoCode.
2. Purchases made by someone other than myself.

\_\_\_\_\_ If awarded, I will provide a receipt showing that I personally paid for one or more of the

approved costs listed above (up to $500) along with my MU Employee ID number and a short summary of my trip to the current MUPA Board Secretary via email [mugradstudiespat1@missouri.edu](mailto:mugradstudiespat1@missouri.edu) after I have attended the conference but by the date indicated in my award letter

\_\_\_\_\_ I understand that if I do not submit the items listed above between returning from the conference

and the date indicated in my award letter, I may not be reimbursed.

Meeting/Conference/Training Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event Name (No Abbreviations): | | | | Date: |
| Organizational Body (No Abbreviations): | | | | Location: |
|  |  | | | |
| Please indicate which option(s) you are attending as: | | | | |
| Attending | Presentation (Poster) | Presentation (Oral) | Training | Session Chair |
|  |  |  |  |  |
| Presentation Title: | | | | |
| Presentation Abstract/Description of training or event: | | | | |
| Significance of meeting/training for the professional development of the applicant: | | | | |
| Please specify the importance of this specific meeting in your field (i.e., prestige, frequency it is held, national vs. international). | | | | |
| Description of presentation (please avoid use of special characters). Please describe your poster or talk in terms that someone who is not an expert in your field can understand (300 word max). | | | | |
| If you are on a fellowship or grant, which one (who is the funding agency)? Please list dollar amount available for travel (per year and for this meeting specifically). For this meeting, specify which expenses will be covered from your grant/fellowship. | | | | |
| Describe any other funding that you have available for travel to this meeting, such as an awarded travel grant from another source, departmental funding, PI, etc. Please list the source, the funding agency, the amount, and which expenses it will cover. | | | | |
| Describe any other travel grants or other potential funding that may be available for your travel. Specify whether you have applied for other available funding, (and if not, why not?) and estimate the probability you will be awarded this funding. | | | | |
| In light of the funding you described above, why do you need a MUPA travel grant? (Please be brief.) | | | | |

I agree that the above information is true to the best of my knowledge: Yes / No

Please note that your application **will not be considered** if you have not provided the completed MUPA Travel Reimbursement Application, your CV, and a letter of support signed by your mentor by the award cycle deadline to [**mupatravel@missouri.edu**](mailto:mupatravel@missouri.edu)**.**