Department of Community Health Sciences  
Graduate Student Travel Awards

Community Health Sciences encourages graduate students to submit and present papers at conferences.

1. Eligibility

Current full-time and part-time graduate students in Community Health Sciences who will present a paper or a poster related to their research at a conference held outside the city of Winnipeg. Normally students will not receive funding more than once per degree program.

We also ask that you check back with the CHS Graduate Program Office within the first week of February to see if there are funds remaining to perhaps top up possible unclaimed expenses related to this trip. This offer is equally relevant to students who may have already been supported once in their degree program as we occasionally have surplus funds to access.

2. Application Procedure

Please submit the following documentation to Theresa Kennedy, S111 Medical Services Building, Theresa.Kennedy@umanitoba.ca.

- a completed application form (attached)
- a completed projected budget form (attached)
- proof of acceptance of paper for presentation (see note 1)
- proof of delivery of paper (see note 2)

Note 1 - Required proof of acceptance of paper for presentation:
- letter or email from conference organizers confirming the acceptance of your paper for presentation

Note 2 - Required proof of delivery of paper:
- conference registration receipt and/or
- conference program showing the scheduling of your oral or poster presentation

3. Post Travel

You need to complete the Student Travel and Business Claim Form found at http://umanitoba.ca/admin/financial_services/media/Guest_Student_Travel_and_Business_Expense_Claim_form.pdf.

Include all original receipts for your CHS reimbursed expenses only (in the order listed on your Claim Form) and your full approved application. Submit the complete package of information to CHS Finance, S113 Medical Services Building. Please contact CHS Finance directly if you have any questions regarding your reimbursement.

If you are travelling internationally you have to use the U of M Currency Converter https://www.oanda.com/currency/converter/ and print out the pages and make sure you put the amounts in the Student Travel and Business Claim form.

You can find the RN number for your Claim Form by clicking on the Blue RN at the top of the form or at http://www.umanitoba.ca/expense_rn/.

Please note: If you are not making a claim for any of the following common travel expenses you need to provide an explanation on your Claim Form (e.g., all meals provided by conference - no meal claimed, airfare reimbursed by Faculty of Graduate Studies): airfare receipt confirmation; boarding passes; hotel / accommodation; transportation; parking; meals; conference registration.
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<thead>
<tr>
<th><strong>Name of Applicant</strong></th>
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<td><strong>E-mail address</strong></td>
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<td><strong>Mailing Address</strong></td>
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<td><strong>Department</strong></td>
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<td><strong>Title of Paper</strong></td>
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| **Presentation**  
(please check one) |  
- Oral presentation  
- Poster Presentation |
| **Name of Conference** |  |
| **Date(s) of conference** | Start Date: ___________  
End Date: ___________ |
|  
*Travel and Documents must be completed and submitted before March 15th the following year.* |
| **Location of conference** | City and country |
| **Travel Support (Advisor/Other)**  
**If you are receiving other support e.g.: FGS Travel Award please include letter confirming support if available, before submitting the Travel Claim form**. | $ ___________ from advisor  
$ ___________ from other |
| **Amount Requested from CHS** | $ ___________ |
| **Other travel funds** | Please list the name(s) and amounts of all other travel funds or awards received (or applied for) for this conference: |
| **Reimbursement** | Will be paid directly to the student after the conference |
| **Signatures of Applicant and Advisor required,**  
(or email from Advisor providing approval to be sent direct to Theresa.Kennedy@umanitoba.ca.) |  
Applicant  
Date ___________  
Advisor  
Date ___________ |
| **Graduate Program Director Approval** |  
Graduate Program Director  
$ ___________ Amount Awarded |
Community Health Sciences
Graduate Travel Awards

Projected Budget
(to accompany application form)

Name _________________________________
Airfare _________________________________
Accommodations ________________________
Registration _____________________________
Meals ________________________________
Other transportation ______________________
Miscellaneous __________________________
Total Expenses __________________________

Travel Support $____________ from ________________

$____________ from ________________

$____________ from ________________

TOTAL EXPENSES $__________________