

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: **Alison McAulay, S111 Medical Services Building,**
Alison.McAulay@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.

**Application for Community Health Sciences
Graduate Student Travel Award**

Name of Applicant	
E-mail address	
Mailing Address	
Department	
Title of Paper	
Presentation (please check one)	<input type="checkbox"/> Oral presentation <input type="checkbox"/> Poster Presentation
Name of Conference	
Date(s) of conference	Start Date: _____ End Date: _____ Travel and Documents must be completed and submitted before March 15 th 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 Alison.McAulay@umanitoba.ca.	_____ Applicant Date _____ _____ Advisor Date _____
Graduate Program Director Approval	_____ Graduate Program Director \$ _____ Amount Awarded

**Community Health Sciences
Graduate Travel Awards**

Projected Budget
(attached with application form)

Name _____

Airfare _____

Accommodations _____

Registration _____

Meals _____

Other transportation _____

Miscellaneous _____

Total Expenses _____

Travel Support:

\$ _____ from _____

\$ _____ from _____

\$ _____ from _____

Total Expenses _____