Office of Academic Innovation and Effectiveness Use Only: GPA	Current Hrs	Cum. Hrs
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URCA ASSOCIATE TRAVEL FUNDS APPLICATION

Complete this application with your mentor. Attach (1) a copy of the paper that you will be delivering, and/or (2) a catalog or program providing details about your work that will be exhibited or performed, and (3) copies of relevant correspondence documenting the competitive nature of the process by which it was selected by your professional group. Turn in the completed application with attachments to the Office of Academic Innovation and Effectiveness (RH 3115) as soon as you have confirmation of your acceptance. Applications must be received at least two weeks before the first day of travel.

NAME:	STUDENT ID#:	STUDENT E-MAIL:
MENTOR NAME:		MENTOR E-MAIL:
URCA ASSOCIATE PI	ROJECT TITLE:	
☐ present URCA Associa☐ attend a juried exhibiti	support my travel to: (check of ate project results at a profession or presentation of my creat CA Associate project in a natio	onal conference. ive work.
The details of my propose	ed travel are as follows:	
v v · ·	·	
NAME OF PROFESSION	ONAL GROUP:	ODMANCE OF COMPETITION.
NAME OF PROFESSION	ONAL GROUP:	ORMANCE, OR COMPETITION:
LOCATION OF MEET	ONAL GROUP:	
NAME OF PROFESSION OF MEET DATES OF TRAVEL:	ONAL GROUP: FING, EXHIBITION, PERF	ORMANCE, OR COMPETITION:
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL:	ONAL GROUP: MOD	ORMANCE, OR COMPETITION: DE OF TRAVEL:
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL: ANTICIPATED EXPENDED	ONAL GROUP: MO. NSES (Fill out attached works Lodging: \$	ORMANCE, OR COMPETITION: DE OF TRAVEL: heet and transfer information to lines below.):
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL: ANTICIPATED EXPENT Transportation \$	ONAL GROUP: MO: NSES (Fill out attached works Lodging: \$	ORMANCE, OR COMPETITION: DE OF TRAVEL: heet and transfer information to lines below.): Per-Diem(After Meal-Adjustment): \$
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL: ANTICIPATED EXPERTMENTAL (Transportation \$) Other (specify): \$ EXPENSE TOTAL (Transportation \$)	ONAL GROUP:MOING, EXHIBITION, PERFORM MOINSES (Fill out attached worksLodging: \$	ORMANCE, OR COMPETITION: DE OF TRAVEL: heet and transfer information to lines below.): Per-Diem(After Meal-Adjustment): \$
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL: ANTICIPATED EXPENT Transportation \$	ONAL GROUP:MOING, EXHIBITION, PERFORM MOINSES (Fill out attached worksLodging: \$	ORMANCE, OR COMPETITION: DE OF TRAVEL: heet and transfer information to lines below.): Per-Diem(After Meal-Adjustment): \$
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL: ANTICIPATED EXPERTMENTATION \$	ONAL GROUP:MO. ING, EXHIBITION, PERFORM MO. NSES (Fill out attached works Lodging: \$ nsportation + Lodging + Meals	ORMANCE, OR COMPETITION: DE OF TRAVEL: heet and transfer information to lines below.): Per-Diem(After Meal-Adjustment): \$ s + Per-Diem(After Meal-Adjustment) + Other):
NAME OF PROFESSION LOCATION OF MEET DATES OF TRAVEL: ANTICIPATED EXPERTANTICIPATED EXPERTANT (Transportation \$	ONAL GROUP:MORENEED MORENEED MO	ORMANCE, OR COMPETITION: DE OF TRAVEL: heet and transfer information to lines below.): Per-Diem(After Meal-Adjustment): \$

MENTOR'S SIGNATURE:			DATE:	
Completed by Offic	ce of Academic Innovation and Effectiv	veness		
APPROVED:		FUNDS COMMITTED:	DATE:	
EXPENSE CAL	CULATION WORKSHEET:			
1. TRANSPOR	TATION			
1a. If not traveling	ng by car, indicate mode of transpor	rtation and expected cost. Airpla	ane and train tickets should be	
those that are the	e most economical. \$			
1b. If traveling b	y car, indicate the total number of	miles you will be driving and the	en multiply that number by	
\$0.67. This is the	e amount you will be given for driv	ving transportation costs.		
Number	of miles roundtrip:	Number of miles x \$0.67= \$		
2 LODGING: 1	Please include the hotel name and t	the price of the room per night.	Please include tay in this amount	
	Hotel Location:			
Hotel Name.	Hotel Edution	Ψ		
	m\$11.00	•		
12:00pm – 5:59p	pm\$11.00			
6:00pm – 11:59p	pm\$11.00			
Total \$44.00 per	4 quarters			
	be adjusted if a meal is provided eals should be deducted from the	_		
1. Breakfast	\$8.50 in state or \$9.50 out of sta	ate		
2. Lunch	\$12.50 in state or \$13.50 out of	state		
3. Dinner	\$23.00 in state or \$25.00 out of	state		
•	x \$11.00 – Meal Adjustments = \$_cify- ex: parking, shuttle fees, regis			
\$				

*NOTES:

- **Receipts** are required for reimbursement; this means that receipts from the trip's above costs must be turned in to the department in order for the student to receive reimbursement.
- Students are required to **share rides and hotels** when possible in order to maximize travel funds.
- Please see **Travel Voucher Guidelines** (http://www.siue.edu/AP/travel_guidelines 07 08.htm) to ensure maximization of travel funds.

OUTCOMES:

Please provide the official citation of the work you will be presenting in the following format:

Rose, P., & Comstock, S. (February, 2010). <i>Buying-is-for-Belonging Beliefs and Materialistic Values as Predictors of Compulsive Buying: A Meditational model.</i> Poster presented at the annual meeting of the Society for Personality and Social Psychology, Las Vegas, NV.			
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