



## MDPhD Travel Reimbursement Requirements

The purpose of this document is to ensure that proper documentation and approvals are obtained for student travel grants before and after a student engages in qualifying student travel, such as presenting at a conference.

### **Pre-Travel Submission Checklist** (student must hand in **2 weeks before** traveling):

Submit **in e-mail** to Dr. Xiaoi Chen (Senior Grants Administrator, Room A131) for approval:

- PDF version of the student's presentation abstract
- Proof of acceptance as a presenter at the conference (forwarded e-mail or PDF)
- Completed Travel Request Form (see next page of this document) including PI signature (digital signature preferred; submit as PDF)

After Dr. Chen approves, she will pass your paperwork to the Graduate School finance group.

### **Post-Travel Submission Checklist** (student must hand in within **45 days** after traveling):

Submit (**via e-mail in PDF format**) to Vincent Graziadio, Finance and Data Coordinator ([vtg2002@med.cornell.edu](mailto:vtg2002@med.cornell.edu)) the following:

- **Completed and signed expense form (see page 3 of this document).** For each described reimbursement, type the dollar amount; the form will total at bottom.
- Conference badge copy (or other proof of conference/meeting attendance)
- Conference agenda showing meals provided as part of the conference
- Proof of travel: boarding passes (airline); ticket/e-ticket receipt (train or bus)
- Receipt for each expense you included on the form
- Bank or credit card statements with proof that each expense was paid

### **Within 3 weeks after submitting materials to Vincent:**

Vincent will e-mail you at your WCM e-mail address to tell you your check is ready to be picked up in Room A139.

### **Please direct questions to:**

Vincent Graziadio: [vtg2002@med.cornell.edu](mailto:vtg2002@med.cornell.edu)

1300 York Ave, Room A139

(212)746-6565

**Weill Cornell Graduate School of Medical Sciences  
Travel Request Form  
MDPhD Graduate Student**

**STUDENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_ **YEAR IN SCHOOL** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **LAB PHONE** \_\_\_\_\_

**TRAVEL DESTINATION** \_\_\_\_\_ **DEPARTURE DATE** \_\_\_\_\_

**PURPOSE OF TRIP** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUDGET: \$1,500/year, in years 3 and above**

**PLEASE REFER TO "Student Guide to the Tri-Institutional MD-PhD Program" for regulations.**

**APPROVALS**

\_\_\_\_\_  
Advisor (Print Name)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Xiaoai Chen  
\_\_\_\_\_

Graduate School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Weill Cornell Medicine**

**Graduate School of  
Medical Sciences**

A partnership with the Sloan Kettering Institute

### TRAVEL EXPENSES

Payee Name:

Payee CWID:

Meeting Attended:

Departure Date:

Expenditure Type	Description	Amount
Domestic Conf/Seminar Fee		
Domestic Air/Rail Travel		
Domestic Ground Transportation		
Domestic Lodging		
Domestic Meals		
Domestic Other		
Int'l Conf/Seminar Fee		
Int'l Air/Rail Travel		
Int'l Ground Transportation		
Int'l Lodging		
Int'l Meals		
Int'l Other		
	TOTAL	

I certify that these are legitimate WMC business expenses.

Payee Signature:

Date: