

PhD Graduate School Travel Reimbursement Guidelines

Eligibility:

PhD students in the BCMB, IMP, Neuroscience, Pharmacology, and PBSB programs are each eligible for \$800/year reimbursement to support presentations as first authors at conferences or meetings.

The process outlined here must be completed to ensure reimbursement.

No later than two weeks before you travel:

Submit in email form to Dr. Randi Silver (Associate Dean, rbsilve@med.cornell.edu) for approval:

- PDF version of your first-author 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. Silver approves, she will pass your paperwork to the Graduate School finance group.

Within 45 days after traveling:

Submit (via email in PDF format) to WCM GSMS Finance & Grants, GSMSFinance&Grants@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 Dikaury:

If you receive your stipend payments via direct deposit, your travel reimbursement will be deposited to the same account.

Please direct questions to:

WCM GSMS Finance & Grants, GSMSFinance&Grants@med.cornell.edu

Travel Request Form

Guidelines (page 1) describe eligibility and the process. Please read before completing form.
(MD-PhD students in PhD years use MD-PhD Travel Request form.)

Name: _____ Program: _____ Year in GS: _____

Travel Destination: _____

Name of Conference: _____

Departure Date: _____

Budget: You may request up to \$800 per academic year (July 1 - June 30).

Other Funds: Accompany this form with proof that you will also receive travel support from the conference sponsor or other sources; indicate the amount of other support.

Supplemental Request:

If you anticipate the conference expense to exceed \$800, please check here to be considered for up to \$400 supplemental funding (proof of expenses must be included):

Is your mentor providing any financial sponsor? Yes No

If yes, please indicate the amount: _____

Amount of supplemental funding requested: _____

Please Note: As a recipient of travel funding from the Graduate School, you may be asked to present poster displays of the research at Graduate School events.

Approvals:

Major Sponsor Name: _____

Major Sponsor Signature:

Date: _____

Associate Dean, Academic Affairs, Dr. Randi Silver

Associate Dean Signature:

Date: _____

Approved amount: _____



Weill Cornell Medicine
 Graduate School of
 Medical Sciences

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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: