

## PhD Graduate School Travel Reimbursement Guidelines

### **Eligibility:**

PhD students in the BCMB, IMP, Neuroscience, Pharmacology, and PBSB programs are each eligible for \$1200/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 an email to Dr. Randi Silver (Associate Dean, [rbsilve@med.cornell.edu](mailto: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](mailto:GSMSFinance&Grants@med.cornell.edu) the following:

- Completed and signed expense form (see page 3 of this document). For each described reimbursement, include 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 finance:**

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](mailto:GSMSFinance&Grants@med.cornell.edu)

## Travel Request Form

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

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Year in GS: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Departure Date: \_\_\_\_\_

**Budget:** You may request up to \$1200 per academic year (July 1 - June 30).

**Other Funds:** Please include documentation of all travel support (i.e. conference travel award, PI, etc.); indicate the amount of this support.

**Early reimbursement:**

You may request early reimbursement for registration fees. Please provide proof of registration and payment.

**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: