

Saint Joseph's University
Department of Psychology

Graduate Student CONFERENCE PARTICIPATION Funds

Name: _____

1. Please indicate the meeting/convention which you will be attending, along with dates and location.

2. Please describe your role at the meeting, including paper title and attach relevant information.

3. Projected Costs: Travel* _____ Meals _____
Lodging _____ Registration _____
Other _____ TOTAL _____

All University-paid travel must be booked through the University's Travel Office, ext. 1316, in Treasurer's Office.
Normal Allowable Meal Rate: \$51.00 per diem
Breakfast \$10
Lunch \$12
Dinner \$26
Incidental \$3
Save all receipts.