**AGS Travel Grant Stipend Form**

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| Name (Last, First):  |  |
| Phone number:  |  |
| Student ID#:  |  |
| UCI NetID:  |  |
| Conference Name (no acronyms): |  |
| Conference Location:  |  |
| Travel Start Date/Time: |  |
| Travel End Date/Time: |  |
| Conference Dates: |  |
| Award Round: (Quarter and Year e.g., Fall 2017, Winter 2018) |  |

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| --- | --- |
| Stipend Amount: |  |

I certify the statements herein are true in all respects; that the $400 or $600 stipend award amount claimed has not and will not be reimbursed to me from any other source(s); that travel performed for which stipend is claimed was performed by me on AGS Travel Grant Award. return it to the front desk of the Graduate Division Office at 120 Aldrich Hall within 30 days of the start of your conference.

|  |  |
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| Signature: | Date: |

**Note:** *Please submit form for with proof of attendance. Proof of attendance can be one of the following: registration receipt, copy of conference badge, airline ticket dates of conference, conference program with your name, title of presentation/poster, and date.*

*If you have questions regarding the form, please email travelgrants@ags.uci.edu*