

## INTENT TO TRAVEL FORM

### FORM INSTRUCTIONS:

- 1) Complete entire form and send *prior to travel* to:  
GSC Travel Treasurer  
Drawer AM (DUC 502E)  
Emory University  
Atlanta, GA 30322

There is also a Correspondence Box outside the GSC Office for your use.

(NOTE: At the current time, use of On-Campus Mail is **not** recommended.)

- 2) You will receive an e-mail confirming receipt of the *Intent to Travel Form*; **save this e-mail**.
- 3) Upon returning from your conference, submit the *Travel Expense Report* according to the instructions on the GSC website (address at bottom of form). Reimbursement will be made **2-4 weeks** after submittal of the completed *Travel Expense Report* and receipts.

### FOR GSC OFFICE USE ONLY

Process Number: \_\_\_\_\_

ITTF Date: \_\_\_\_\_

TER Date: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT ID (7-digit): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ U.S. CITIZEN?: \_\_\_\_\_

### REIMBURSEMENT METHOD (*select only one*)

Direct Deposit: \_\_\_\_\_ Social Security # (required): \_\_\_\_\_

U.S. Mail to Home Address: \_\_\_\_\_ Campus Mail: \_\_\_\_\_ (Allow additional time)

CONFERENCE NAME: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

PRESENTATION TITLE and AUTHORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER SOURCES OF FUNDING: \_\_\_\_\_

\_\_\_\_\_