



## ALUMNI LOYALTY FUND TRAVEL GRANT AWARD

*The Alumni Loyalty Fund Travel Grant Award is supported exclusively by charitable gifts from College of Medicine alumni. The purpose of the Travel Grant Program is to provide funding for College of Medicine students to travel and present at state, national and international conferences.*

Awards will be granted based on the following criteria:

1. All College of Medicine students in good academic and professional standing are eligible to apply.
2. A letter of support from a principal investigator or faculty mentor associated with the presentation is required (a copy should be provided to the Department Chair).
3. Printed confirmation of approved absence through E\*Value.

Awards will be granted on an ongoing basis. **There will be a limit of one award per year per student.** Students are responsible for all expenses related to travel. Reimbursements will be processed after the student has returned from the presentation and submitted all necessary receipts and documentation. The following are approved reimbursement levels: **In-State (SC) – up to \$300.00; National and International – up to \$700.00.** Selection of awards will be confirmed by the Office of Student Affairs in a timely manner following the submission of completed application materials.

### Allowable Expenses:

- Presentation materials.
- Air Travel - Coach class travel will be reimbursed. If frequent flyer premiums are used, there is no out-of-pocket expense. Therefore, reimbursement can only be made if the cost of the ticket was paid by cash or credit card with valid receipt.
- Meal Expense – Reimbursement based on meal per diem. In-state per diem: \$6.00 for breakfast, \$7.00 for lunch, and \$12.00 for dinner; Out-of-state per diem is \$7 for breakfast, \$9 for lunch, and \$16 for dinner. **The entire conference agenda is required for reimbursement.**
- Mileage - Currently \$0.58 cents per mile for privately owned vehicles. Mileage reimbursement is subject to change without notice, as dictated by current economic conditions.
- Lodging – Hotel or Air B&B will be reimbursed.

### Reimbursement Check List—When returning from your trip, please provide the following:

- Updated “**Itemized Travel Budget**” for trip expenses (use form provided)
- Original, itemized receipts (not scanned copies of the original please) for taxi, shuttle service, presentation materials, etc.
- Copy of completed/accepted conference registration form
- Copy of flight itinerary showing all travel times
- Copy of hotel receipt, including the room/unit number in which you stayed
- Conference announcement or flyers or cover from handout showing conference name, place, dates
  - **If requesting meal reimbursement, the entire conference agenda must be submitted.**
- GoogleMaps route printout depicting roundtrip mileage from your home to your destination and return will determine mileage if driving to event
- Completed W-9 form
- Thank you addressed to “Alumni Loyalty Fund Donor” emailed to Katlyn Elderman, [elderman@musc.edu](mailto:elderman@musc.edu)



**ALUMNI LOYALTY FUND TRAVEL GRANT PROGRAM APPLICATION**

Application must be submitted for approval at least 30 days prior to date of travel.

**Incomplete applications will not be reviewed.**

Name: \_\_\_\_\_ MS Year: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

SS#: (Required for reimbursement purposes) \_\_\_\_\_

Address: \_\_\_\_\_

*(Your reimbursement check will be mailed to this address.)*

Contact Info: Cell \_\_\_\_\_ Home \_\_\_\_\_

Name of Presentation: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_ Project Dept: \_\_\_\_\_

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

Date(s) of Conference: \_\_\_\_\_ Location of Conference: \_\_\_\_\_

Nature of your participation in conference (i.e., presenter): \_\_\_\_\_

**Required Attachments for Application:**

- Submit absence request through E\*Value. Include printed confirmation of absence approval.
- Copy of invitation to present
- Copy of abstract or synopsis of presentation
- Letter of support from Mentor or PI
- Budget of all anticipated expenses
- Copy of conference agenda/schedule
- Completed W-9 form

**Amount Requested: \$** \_\_\_\_\_

Other/Departmental Funding: \$ \_\_\_\_\_

***You are strongly encouraged to contact your research mentor to request additional funding for travel support.***

Have you received any other travel awards through the College of Medicine within the last 12 months? Yes \_\_\_ No \_\_\_

If Yes, please give details: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Office Representative's Signature: \_\_\_\_\_

**Submit Applications and Reimbursement Requests to:**

Katlyn Elderman, Student Affairs  
COM Dean's Office, CSB 601  
elderman@muscd.edu • 843-792-2530

**ALUMNI LOYALTY FUND TRAVEL GRANT  
ITEMIZED TRAVEL BUDGET**

<b>Traveler Name</b>					
<b>Date of Submission</b>					
<b>SSN</b>					
<b>Mailing Address</b> <i>(Reimbursement check will be mailed to this address.)</i>					
<b>Departure Date</b>		<b>Departure Time</b>			
<b>Destination</b>					
<b>Return Date</b>		<b>Return Time</b>			
<b>Purpose of Trip</b>					
<b>Meals</b> *Please note <b>“Covered”</b> if a meal was covered by the conference. <b>If Departure Time is Before:</b> <ul style="list-style-type: none"> <li>• 6:30 am – Will reimburse for Breakfast</li> <li>• 11:00 am – Will reimburse for Lunch</li> <li>• 5:15 pm – Will reimburse for Dinner</li> </ul> <b>If Return Time is After:</b> <ul style="list-style-type: none"> <li>• 11:00 am – Will reimburse for Breakfast</li> <li>• 1:30 pm – Will reimburse for Lunch</li> <li>• 8:30 pm – Will reimburse for Dinner</li> </ul>		<b>Date</b>	<b>Breakfast (\$7.00)</b>	<b>Lunch (\$9.00)</b>	<b>Dinner (\$16.00)</b>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>Total Meal Costs</b>		\$			
<b>Rental Car</b>	Dates of Rental				
	<b>Total Rental Car Cost</b>	\$			
<b>Airfare</b>	Airline				
	Total Flight Cost				
	Baggage Fees <i>*First baggage fee each way.</i>				
	<b>Total Airline Cost</b>	\$			
<b>Lodging</b>	Hotel				
	Check-In Date/Time				
	Check-Out Date/Time				
	Room/Unit #				
	<b>Total Lodging Cost</b>	\$			
<b>Mileage</b> <i>*Rate = \$0.58 per mi</i>  <b>Attach the entire route traveled showing total mileage requested.</b>	<b>Date</b>	<b>Mileage</b>	<b>Departing From</b>	<b>Arriving To</b>	
	<b>Total Miles</b>		<b>Total Reimbursement: (Total Miles X \$0.58)</b>	\$	
<b>Registration</b>	<b>Registration Fee</b>				
<b>Other Costs</b> <i>Include receipts for taxi, shuttle, Uber/Lyft, parking fees, printing, presentation materials, etc.</i>	<b>Description of Fee</b>				<b>Total Amount</b>
					\$
					\$
					\$
<b>TOTAL REIMBURSEMENT REQUESTED (Add up all travel costs.)</b>					<b>\$</b>

\*Insert additional rows if needed. (Select a row, right click and select “Insert” and select “Row Above or Below”.)