



# DeBusk College of Osteopathic Medicine

LINCOLN MEMORIAL UNIVERSITY

## DCOM Student Travel Funding Request Form

Student Name:	Student ID:
Class (EX: 2027 Knoxville):	Conference Name:
Location of Travel:	Dates of Travel:
Sponsoring DCOM Club:	<b>How much is your club contributing:</b>
What is your club position (select one): Club Officer: <input type="checkbox"/>   Club Member: <input type="checkbox"/>	Reason for Travel (select all that apply): Research: <input type="checkbox"/>   Networking: <input type="checkbox"/>   Education: <input type="checkbox"/>
<b>Are you required to attend this conference (Y/N):</b>	<i>*If going to present research, please contact the LMU-DCOM Research Department</i>

Have you submitted for an excused absence for this conference: \_\_\_\_\_

A detailed description of the purpose of travel. What are you hoping to gain or accomplish from attending this conference: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Projected Cost of Travel

<b>Lodging (based on <a href="https://www.gsa.gov/">https://www.gsa.gov/</a>):</b>
<b>Airfare:</b>
<b>Conference Fees:</b>
<b>Total projected cost:</b>

\_\_\_\_\_  
Requested by

\_\_\_\_\_  
Date

\*Email the completed form to [dcomstudentlife@lmunet.edu](mailto:dcomstudentlife@lmunet.edu). You will receive a follow-up email with travel and fund approval.

\*If you indicated “Yes” to required conference attendance, please attach proof of required attendance to your email. An example of required attendance is club or national bylaws indicating your position is mandatory to attend or a memorandum from the national conference indicating your mandatory attendance.

\*You have 30 days to turn in the expense report to Keaton Grimmatt (Harrogate) or Stephanie Mullins (Knoxville) to be reimbursed. You must include all itemized receipts.

\*Please note that this approved travel does not automatically excuse you from class; therefore, please ensure that you are reaching out to the appropriate individuals to receive an excused absence for any lectures, labs, or exams that you may miss. Additionally, travel funding may be rescinded due to a leave of absence from the program.

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*Departmental Use Only – Do Not Fill-In Below This Line*

*Travel Approval (Y/N):*

*Allocated Funding Approval:*

*Student Services Staff Representative:*

*Date:*