



DeBusk College of Osteopathic Medicine

LINCOLN MEMORIAL UNIVERSITY

DCOM Student Travel Reimbursement Form

Student Name:	Date:
Class:	Event:
Sponsoring Club:	Dates of Travel:
Location of Travel:	How much did your club contribute:
Were you required to attend this conference:	Was this travel research related:

Was your submitted school absence excused for this conference: _____

Purpose of Travel: _____

Final Cost of Travel

Airfare:	Taxi/Ground Trans:
Lodging:	Conference Fees:
Meals:	Total Projected Cost:

Requested by

Date

Student Services Staff Representative

Date

*Email completed form to Caleb Arnold (Harrogate) or Laura Bryant (Knoxville). You will receive an email with travel and fund approval.

*You have 30 days to turn in the expense report to Caleb Arnold (Harrogate) or Laura Bryant (Knoxville) to be reimbursed. You must include all itemized receipts.