



Rosalind Franklin University of Medicine and Science  
 Executive Student Council  
 3333 Green Bay Road Box 494  
 North Chicago, IL 60064  
 Phone: (847) 578-3000 ext. 7175  
 Fax: (847) 775-6559 ATTN:ESC  
<http://www.rfumsesc.org>



# Travel Award Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant:

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Description (Include your role in the event):

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

Estimated Cost of Event

Travel \_\_\_\_\_ Accommodations \_\_\_\_\_

Registration \_\_\_\_\_

Other projected expenses (please list): \_\_\_\_\_

Request to Student Organizations

Requested funds from the following student organizations:

\_\_\_\_\_

What contribution, if any, will they be able to make?

\_\_\_\_\_

Request to Other Sources

Requested funds from the following other sources:

\_\_\_\_\_

What contribution, if any, will they be able to make?

\_\_\_\_\_

Please attach applicable documents:

- Receipts (may be submitted before or after travel)
- Conference Registration (if applicable)
- Abstract (if applicable)

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I confirm that all of the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications must be received by noon on the day of the ESC meeting to be considered for the month's allotments. Completed applications may be sent electronically to [ESCPresident@rosalindfranklin.edu](mailto:ESCPresident@rosalindfranklin.edu) or a paper copy may be placed under the door of the ESC Office (G.671). Completed applications may also be mailed to ESC, but please leave extra time for mailed items as no exceptions will be made for mailed items received after the noon deadline. All applicable documents may also be submitted in electronic or paper format.

Please refer to the Travel Award Policies on the ESC website ([www.rfumsesc.org](http://www.rfumsesc.org)) for complete information regarding ESC Travel Awards.

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*Student Dean Use Only*

Date initially reviewed by Student Dean Cabinet: \_\_\_\_\_

Outcome:

- Approved – Amount \$ \_\_\_\_\_
- Denied
- Postpone to future month
- Request more information

If postponed to future month, date reviewed by Student Dean Cabinet: \_\_\_\_\_

Outcome:

- Approved
- Denied

Application Status

- Complete
- Pending
  - Receipt
  - Conference Registration
  - Other: \_\_\_\_\_

Approved by (signature) \_\_\_\_\_ Date \_\_\_\_\_

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*ESC Use Only*

Receipts and accompanying documents (if applicable) received

Date of Issue \_\_\_\_\_ Requisition Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

<u>Object Description</u>	<u>Account Number</u>	<u>Amount</u>
Meeting Registration Fee	62-00-948300-904102-60101	_____
Domestic Travel - Hotel/Lodging	62-00-948300-904102-60111	_____
Domestic Travel - Airfare	62-00-948300-904102-60112	_____
Domestic Travel - Meals out of Town	62-00-948300-904102-60113	_____
Domestic Travel - Ground Transportation	62-00-948300-904102-60114	_____
Domestic Travel - Other	62-00-948300-904102-60115	_____
	Total:	_____