**Conference Travel Grant Application Form**

(not for use by Joint Clinical Staff)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of applicant:**  |  | **FTE DSM:** |  |
| **Department:**  |  |
| **Name of meeting:**  |  |
| **Location of meeting:**  |  |
| **Dates of meeting:**  |  | **No. Days** |  |
| **Dates of proposed absence from work:**  |  |
| **How you are contributing to the conference (if applicable). Please provide proof of submission of work.** |
| **Benefit to the DSM (100 Word max):** |
| **Request for financial support**In accordance with the University of Otago Policy, travel costs should be calculated using the most cost effective means for the University: either, the cheapest equivalent airfare, hiring a rental car, using the standard airport shuttle service or reimbursing the staff member for mileage. In accordance with the policy, personal credit cards must not be used to pay for business related travel ie flights. |
| **Details of funding requested.**  | [Please use www.xe.com for currency conversions] | **Airfares** | NZ$  |
|  | **Other travel including train, shuttle or taxis to a maximum of $150*****Greater amounts will require justification*** | **NZ$** |
|  |  | **Registration** | NZ$ |
| **Sustenance Allowances: New Zealand $200 per day; Australia $260 per day, rest of the world $300 per day.**  |  ……days x $........... per day=  |
| **Grand Total (NZ$)** |  |
| **Previous funding awarded by this committee** |
| **Year** | **Meeting/Conference name & location** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Signature of Applicant:** **Date:** | **Signature of HoD:****Date:** |
| (for Dean’s office use only)**APPROVED:** |