TriBeta Member Travel Reimbursement Form

# National Convention Travel Grant

## Send Travel Reimbursement requests to the National Office via email: tribeta@una.edu. All reimbursements must be submitted within 3 months of the date of travel. If you were a 1st Place winner from your District meeting, you are eligible for a maximum of $900 in convention/travel reimbursement. Any other members attending are eligible for a maximum of $300 for travel expense reimbursement.

|  |  |
| --- | --- |
| **Student Name** |  |
| **Email** |  |
| **Did you use a waiver code to waive your fee when you registered for the national convention.**  |  |
| **Address to mail check or provide PayPal or Zelle email or phone number for your account.**  |  |
| **Chapter** |  |
| **School** |  |
| **Did you pay for your convention/travel expenses from your personal money?** |  |
| **Will you be reimbursed for any of your convention expenses by your chapter/school? If YES, provide details on what you will be reimbursed for.**  |  |

|  |  |
| --- | --- |
| **Reimbursement Item:** | **Cost** |
| Conference Registration  |  |
| Food |  |
| Lodging |  |
| Transportation (if car, provide start/end location and mileage in total)  |  |
| Other (provide details) |  |
| **Total** |  |

Please note, **RECEIPTS ARE REQUIRED**. Scan all receipts and submit with this form. Any expenses without a valid receipt will not be reimbursed. For mileage, please include a Google map or other showing mileage. You will only be reimbursed up to the amount you were awarded.

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

## Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_