

APSA STUDENT TRAVEL REIMBURSEMENT FORM

Student Name:

This form is to be filled out by APSA student members and submitted to APSA (details below) by **Friday, 27 October 2017** in order to receive a partial travel reimbursement for attendance at the 2017 APSA-ASCEPT Joint Scientific Meeting. Please note, only APSA student members who are travelling from interstate/NZ and are the presenting author of an oral or poster presentation at APSA-ASCEPT 2017 will be eligible for a partial travel reimbursement. Students must be financial members of APSA prior to the abstract submission deadline (Monday, 18 September 2017).

If eligible, students will receive a cheque available for collection from the registration desk during the conference.

Regardless of whether the cheque is to be made out to the student, supervisor or institution, this form must be signed by your supervisor/Head of Department/Head of School or equivalent.

Institution:	
Abstract ID:	
Presentation Type:	
Presentation Title:	
Name to subsumable mo	as already be used a suffi
Name to wnom cnequ	e should be made out:
appears on your/their i	ue is to be made out to you personally or to your supervisor, please provide the name as it bank account. If the cheque is to be made out to your school, please ensure you have the chool/department/institution – it would be best to check this naming with your finance
Signature of Student:	
Name of Supervisor/H	lead of Department/Head of School:
Signature of Supervise	or/Head of Department/Head of School:

Please obtain the relevant signatures, scan and email to apsa.general@outlook.com by Friday, 27 October
2017 to be eligible for a partial travel reimbursement. Applications received after this date will not be considered.