

Organization of Psychology Students (OPS) Conference Reimbursement Request Form

You may be reimbursed up to **\$150** for attending a conference (including training seminars) or travel for internship interviews and up to **\$300** for presenting or having a poster at a conference. Requests for reimbursements need to be submitted within one year of the conference date to be honored. Each doctoral student can be reimbursed up to five times during their graduate career and each masters level student can be reimbursed up to two times during their graduate career (reflecting one possible reimbursement per year). These can be accumulated over time (i.e. if you do not use a reimbursement in your first year, you still have five left).

Reimbursement Request Deadlines:

Fall Semester – December 22nd

Spring Semester – May 15th

Reimbursement Request Forms received after the stated deadlines will **not** be eligible, and must be submitted the following semester. In the event that reimbursement requests exceed available funds, reimbursements will be determined by lottery. Reimbursements will be mailed to you after the end of each semester.

To request reimbursement, please email opsreimbursements@gmail.com with:

1) this completed form and **2) all additional documents** as attachments

In order to be reimbursed, the following items **MUST** be submitted:

Items Needed (At least 4 must be checked)	Please Check - Enclosed
1. Copy or picture of identification card or badge from conference	<input type="checkbox"/>
2. List of itemized expenses	<input type="checkbox"/>
3. Copies or pictures of all receipts verifying the above expenses incurred as an attendee of the conference	<input type="checkbox"/>
4. Brief description of the conference	<input type="checkbox"/>
<i>The following two items are necessary only if you are presenting:</i>	
5. Printout copy of accepted poster/ abstract of presentation	<input type="checkbox"/>
6. Copy of conference program page that lists your poster/ presentation <i>*presenter must be listed as an author</i>	<input type="checkbox"/>

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Name: _____

Program: _____

Year in Program: _____ Date submitted: _____

Home address: _____

Phone number: _____

Email address: _____

Reimbursement requested (Check one):

- Less than \$150 _____
- Attending conference/Internship travel (\$150)
- Presenting at conference (\$300)

Name of Conference: _____

Date of Conference: _____

If presenting: Title of Presentation/ Poster:

