Organization of Psychology Students (OPS) Conference Reimbursement Form

Name: _____________________________

You may be reimbursed up to $150 for attending a conference (including training seminars) or travel for internship interviews and up to $250 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 student can be reimbursed up to five times during their graduate career. The application deadline is December 22nd fall semester and May 15th for the spring semester! Applications received after the stated deadlines will not be eligible, and must be submitted the following semester. In the event that reimbursement requests exceeded available funds, reimbursements will be determined by lottery. Reimbursements will be mailed to you after the end of each semester.

To request reimbursement, please submit 1) this completed form and 2) all additional documents in an envelope to the OPS mailbox that is located with the student mailboxes OR the OPS e-mail (opsatferkauf@gmail.com). In order to be reimbursed, the following items must be submitted. DO NOT submit your request unless each of these items is included:

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

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________