

# DCDS Travel Grant Application Form



This form is for the use of DCDS award holders only

PERSONAL DETAILS			
Name:		E-mail:	
Bank Name & Address:	<b>BANK DETAILS</b>	Account Name:	
Sort Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		Account Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
DETAILS OF TRIP			
Intended purpose of trip/ conference name:			
Start date:		End date:	
Total number of nights away from Aberystwyth:			
Venue/s:			
EXPENSES CLAIMED			AMOUNT
<b>Travel</b>	<b>Detail</b>		
Public transport <small>Please note that in general only second class rail fare is paid</small>			
Petrol			
Mileage	From:	To:	
<b>Subsistence</b>			
Accommodation			
Meals			
Other			
<b>Conference/ Seminar Fees:</b>			
<b>Claim Total</b>			
DECLARATION			
I certify that the above is a true statement:			<b>Departmental Stamp:</b>
Signature of Claimant:		Date:	
Name of Supervisor:			
Signature of Supervisor:			
Tel:	E-mail:	Date:	

**Please note that claims should be made after the trip has been completed and no later than 4 weeks after the trip has been completed. In all cases original receipts should be attached.**

Please return this form to:  
Mrs Katerina Stivasari-Jones, Postgraduate Admissions Office, Aberystwyth University, Student Welcome Centre, Aberystwyth, SY23 3FB Tel: 01970 622020, E-mail: aks@aber.ac.uk

FOR OFFICE USE ONLY	
Year of Studentship	Amount authorised for payment
<i>Katerina Stivasari-Jones</i>	Signature <span style="float: right;">Date</span>