

**State of New York/ Graduate Student Employees' Union  
Professional Development Awards Program 2006-07**

Name:	SOLAR ID:
Mailing Address**: Street:	Town,State,Zip
Grad Program:	
Current Email:	Current Telephone:

**\*\* Reimbursement check (if determined eligible) will be mailed to this address.**

**Please circle the period(s) you are appointed as TA/GA and therefore a GSEU member:**

Fall 2006

Spring 2007

**Professional Development Activity for which you request reimbursement**

*(list all activities for the period 7/1/06 to 6/30/07 for which you are requesting reimbursement)*

Activity (conference title, travel destination, sponsoring organization, etc.) :

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Explanation of Professional Development Purpose:

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Dates of attendance: \_\_\_\_\_

**Professional development costs incurred/expected:**

*(list full costs & indicate any reimbursement, if applicable):*

1. Transportation (air, train, car mileage): \_\_\_\_\_
2. Lodging &/or meals: \_\_\_\_\_
3. Registration fees: \_\_\_\_\_
4. Other expenses (explain) \_\_\_\_\_
5. Research supplies \_\_\_\_\_
6. Total Costs Incurred \_\_\_\_\_
7. Less: Reimbursement/Payment made by others: \_\_\_\_\_  
(list source-i.e. GSO-RAP, Dept. funds, etc)
8. Reimbursement Requested (6 minus 7): \_\_\_\_\_

***REIMBURSEMENT REQUIRES SUBMISSION OF ORIGINAL RECEIPTS UPON COMPLETION OF PD ACTIVITY.***

**Attestation:**

I certify that the above costs are true and correct and that it represents professional development activities. I have not been otherwise reimbursed for the amount requested above on Line 8.

\_\_\_\_\_  
(sign/date)

Completed application, along with original receipts and signed Standard Voucher, must be received by published deadlines.

Send to: **The Graduate School – GSEU Professional Dev. Fund**

**Attn: Barbara Byrne**

**2401 Computer Science Building**

**Stony Brook University**

**Stony Brook, New York 11794-4433**