



Stipend Request Form

For Professors and Students Attending Industry-Related Events

SECTION 1 — APPLICANT INFORMATION

Full Name: _____
Institution: _____
Department/Program: _____
Email: _____ Phone: _____

I am a: Professor Student

Payment Remittance:

Make Check Payable To: _____
Mail Check to Address: _____
City: _____ State: _____ Zip Code: _____

SECTION 2 — EVENT INFORMATION

Event Name: _____
Event Host/Organizer: _____
Event Location (City/State): _____
Event Dates: _____
Event Website: _____

Brief Description of Event Relevance and Your Participation:

SECTION 3 — REQUESTED STIPEND SUPPORT

Eligible expenses include travel, lodging, and meals. Please provide estimated costs. All expense documentation must be submitted within ten business days of the conclusion of the event.

A. Travel Expenses (Select all that apply and enter estimated amounts)

Airfare (economy only) \$ _____ Personal Vehicle Mileage \$ _____
 Rental Car (compact/midsize) \$ _____ Rideshare/Taxi \$ _____
 Other (describe): _____ \$ _____

B. Lodging Expenses

Number of Nights: _____ Nightly Rate: \$ _____ Estimated Lodging Cost: \$ _____
(Standard single-occupancy rate only; incidentals not covered.)

C. Meal Expenses

- I will provide receipts for meals. (One receipt per person – no shared receipts.)
- Per-diem (if applicable)

Estimated Total Meals Cost: \$ _____

SECTION 4 — ADDITIONAL FUNDING

Are you receiving other funding for this event? Yes No

If yes, please describe:

SECTION 5 — REQUIRED ATTACHMENTS

- Event agenda/program
- Proof of registration (if applicable)
- Travel estimate (airfare screenshot, mileage calculation, etc.)
- Lodging estimate (hotel confirmation or rate screenshot)

SECTION 6 — APPLICANT CERTIFICATION

I certify that the information provided is accurate and that I will use stipend funds only for eligible expenses. I understand that receipts or documentation must be submitted after the event and that reimbursement may be withheld if requirements are not met.

Signature: _____ Date: _____

Completed stipend request forms must be emailed to Mike Johnsrud (mike@pcimidwest.org) a minimum of ten business days in advance of the event.

SECTION 7 — ASSOCIATION APPROVAL (Internal Use Only)

Approved Amount: \$ _____

Notes/Conditions:

Approved By: _____ Date: _____