**TRAVEL STIPEND REQUEST**

**Association of State and Territorial Dental Directors**

3858 Cashill Blvd., Reno, NV 89509 • Phone: 775-626-5008 • Fax: 775-626-9268

Website: http://www.astdd.org



# **Request for Travel Stipend**

## Name       Phone

Agency       Fax

Address       Email

City, State, Zipcode:

Meeting or course you wish to attend

Location

Dates you plan to be in attendance:      to

### Roles/responsibilities if other than a participant

Anticipated Expenses:

Hotel

Transportation

Registration

Meals

**TOTAL**

Agency Contribution

### Personal Contribution

**ASTDD Request**

What is the minimum amount that you need from ASTDD to attend this meeting?

Note: If approved, you will need to complete a travel reimbursement form after the meeting, attach receipts (copies ok) and send to Chris Wood at the ASTDD Central Office

ASTDD Disposition:  Cannot fund  Hold for possible funding  Fund

Maximum Amount ASTDD will fund

*ASTDD is an affiliate of the Association of State and Territorial Health Officials*

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