# Sandford Fleming Foundation Team Travel Grant Request

### Team Contact Information

|  |  |
| --- | --- |
| Team Name: | Address: |
| Team Contact Name: |
| Team Contact Email: |
| Program: | Phone: |

### Faculty Advisor Information:

|  |  |
| --- | --- |
| Name: | Email: |

### Event Information:

|  |  |
| --- | --- |
| Event Name: | Dates: |
| Location: | |
| Description of Event: | |
| Names and Roles of Travellers: | |

### Itemized Travel Expenses:

|  |  |  |
| --- | --- | --- |
| Item | Expected Cost ($ CAD) | Explanation |
| Transportation |  |  |
| Accommodation |  |  |
| Food |  |  |
| Other (explanation required) |  |  |

### Attachments:

1. Student letter of certification
2. Faculty letter of support