



# Disorderly Conduct

## TRAVEL CLAIM FORM

City of residence: .....

Expenses (please provide details):

Travel Claim Total : \$ .....

**Less anticipated support from other sources for travel expenses :** \$ .....

Total amount request from Disorderly Conduct : \$ .....

### PLEASE INCLUDE ORIGINAL RECEIPTS

I understand that by signing this request, I undertake not to accept from the Disorderly Conduct any payment in respect of that part of my travel expenses for which reimbursement has been made or will be made by my institution or any other body. I understand that, in adjudicating travel claim,s Disorderly Conduct's organizers will give preference to student presenters, presenters on a reduced income, and presenters traveling the greatest distance. Not all travel claims will be approved, nor will any travel claims necessarily be approved in their entirety. Disorderly Conduct's organizers will endeavour to process travel claims and to communicate the results as quickly as possible, but are not obliged to provide reasons for their decisions with respect to travel claims.

NAME .....

E-MAIL .....

INSTITUTION .....

MAILING ADDRESS .....

ARE YOU A STUDENT OR LIVING ON A REDUCED INCOME? PLEASE PROVIDE DETAILS: .....

DATE ..... SIGNATURE .....

**Travel claims must arrive in the office by email, fax or post by August 15, 2009. Claims received after this date will not be considered for reimbursement.**

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