

SPF-PFS Training Scholarship

Emergency Change Form

Agency and Fiscal Agent Information

Name of Agency

Name of Fiscal Agent (if different)

Email of Fiscal Manager

Change Information

Name of Awardee

Name of Conference

Name of New Attendee

Email of New Attendee

Authorization of Change

By signing this form, we acknowledge that _____ (name of new attendee) is attending the _____ (name of conference) on _____ (date of conference) in _____ (location of conference). We accept full responsibility for submitting documentation of the new travel and lodging confirmations or other related travel documents along with original confirmations within 30 days of completed travel as stipulated in the SOW. We are aware that the total amount reimbursable is \$ _____ and will not hold Ohio University responsible for any additional costs incurred through the transfer of travel, lodging, or any other costs related to attending the conference over \$ _____ .

Signature

Title

Printed Name

Date