TRAVEL REQUEST FORM

TODAY's DATE: _____

TRAVELER's NAME: _____ **CELL PHONE:** _____

☐ **Hollings Undergraduate Scholar, Class of** _____

☐ **EPP Undergraduate Scholar, Class of** _____

DESTINATION: PLEASE INDICATE THE AIRPORT AS WELL AS PREFERRED TIMES OF DEPARTURE ON ALL LEGS OF TRAVEL. PROVIDE AT LEAST 2 OPTIONS IF APPLICABLE!

OPTION 1: From **(Home/School State Only)**_____To_____

Return from:_____To **(Home/School State Only)**_____

OPTION 2: From **(Home/School State Only)**_____To_____

Return from:_____To **(Home/School State Only)**_____

NOTE: Program has responsibility for flying scholars from/to home or school states only. On occasion, emergency situations require traveling to/from a destination other than your home or school states. If applicable, please provide location and reason for request below. If approved, scholars will be required to absorb any additional costs related to this accommodation.

Location: _____

Reason:_____

_____

DATES & TIMES: Begin (**day and date**)_____ End **(day and date)**_____

PURPOSE OF TRAVEL: (Check One)

☐ 1.) Site visit

Mentor(s) Name:_____

Title of Project:_____

☐ 2.) Research Participant (obs, collecting data, analysis, etc) _____

☐ 3.) Conference Attendance, Title: _____

Abstract Title: _____ Approved: Yes ☐ No ☐

☐ 4.) Training attendance, Title: _____

☐ 5.) To/From Summer Internship

DESCRIPTION (Provide all details of trip):

MODE OF TRANSPORTATION (Check all that apply):

☐ **Personal Vehicle** ☐ **RAIL**

☐ **AIR** ☐ **OTHER, explain**_____

REIMBURSABLE EXPENSES (Check all that apply):

☐ Will you drive your personal vehicle from home/airport or home/destination? If so, provide approximate roundtrip mileage: _____

☐ Will you need a shuttle to/from your destination Airport? Provide cost each way: $_____

☐ Will you need a Rental car at the destination? If so, provide cost/day: $_____

☐ Are there registration fees for the conference? If so, provide cost: $_____

☐ Are there any other reimbursable costs? If so, please explain and provide cost:

If you have selected a Hotel, please provide information below:

NAME OF PREFERRED HOTEL: _____

Hotel Address: _____

Telephone Number: _____**Nightly Rate:** _____

Save completed form and submit as an attachment to: StudentScholarshipPrograms@noaa.gov for approval.

Click here to Print