

TRAVEL REQUEST FORM

TODAY's DATE: _____

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

Hollings Undergraduate Scholar, Class of _____

EPP Undergraduate Scholar, Class of _____

DESTINATION: From _____ To _____

Return from _____ To _____

DATES & TIMES: Begin _____ End _____

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.