

## TRAVEL REQUEST FORM

TODAY'S DATE: \_\_\_\_\_

TRAVELER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Hollings Undergraduate Scholar, Class of \_\_\_\_\_

EPP Undergraduate Scholar, Class of \_\_\_\_\_

DESTINATION: 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](mailto:StudentScholarshipPrograms@noaa.gov) for approval.

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