

MCNAIR PROGRAM

TRAVEL REQUEST

Completion of this form represents an official request for the McNair program to pay for some or all of your expenses to visit a college or university campus, attend a conference, or travel associated with your required research project. If the cost of airfare is approved, the ticket will be purchased for you; however, all other expenses will be reimbursed after the completion of your trip with the submission of original receipts, including meals.

A visit itinerary, conference agenda, or other information about this trip MUST accompany this form.

Please submit to ronaldmcnair@iastate.edu or in person at 1137 Pearson Hall.

I. General Information

Name as it appears on Driver's License or other government issued ID _____
(Please take a look at the document that you will use to check in for your flight. Your name MUST match the name on your reservation)

Cell Phone _____ DOB _____

Purpose: Grad School Visit/Interview Conference Related to research project

Is this trip a One Way or Round Trip?

Destination City _____ Destination Airport _____

Name of hotel (if needed) _____

Desired departure date _____ Desired departure time _____

Desired return date _____ Desired return time _____

II. If this is a college/university visit, please respond to the following questions.

Name of college/university _____

Name of contact _____ Phone _____ Email _____

III. Please explain in detail the purpose of your trip and why you wish to participate.

IV. If this is a request to attend a conference, please respond to the following questions.

Complete name of conference _____

Will your faculty mentor attend? Yes No Are you presenting or co-presenting? Yes No

If yes, are you presenting your McNair research project? Yes No

V. Expenses

Please indicate the expenses that you are requesting McNair to cover?

- | | |
|--|--|
| <input type="checkbox"/> Airfare | <input type="checkbox"/> Parking (Des Moines Airport, other) |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Rental car |
| <input type="checkbox"/> Ground transportation (taxi, shuttle service at destination) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Mileage/Transportation to and from Des Moines airport (Executive Express) | |

FOR PROGRAM USE

Approved

Not Approved

Initials _____

Date _____