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?

Airfare  Parking (Des Moines Airport, other)

Lodging  Rental car

Ground transportation (taxi, shuttle service at destination)  Meals

Mileage/Transportation to and from Des Moines airport (Executive Express)

FOR PROGRAM USE

Approved  Not Approved

Initials  ____________________

Date  ____________________