

MCNAIR PROGRAM

Total Request

Scholar 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/university or attend a professional conference. 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. Please include a visit itinerary, conference agenda (if applicable), a budget, and any other applicable information.

Submit to <u>ronaldemcnair@iastate.edu</u> or in person at 1137 Pearson Hall.

١.	General Information Name as it appears on Driver's License or other government issued ID							
	Call Phone		t the document that you will DOB	use to check in for your fligh	t. Your name MUST mat	tch the name on yo	ur reservation)	
	celi Filone			_				
	Purpose:			☐ Conference				
	Will you	☐ Drive ☐ Fly	Destination City					
	Desired departure date		_Desired departure time					
	Desired return date		Desired return time					
	Where will you lodge?							
	If flying:							
	Destination Airport							
	If this is a college/university visit, please respond to the following questions.							
	Name of college/university_							
		ame of contactEmail						
	If this is a req	f this is a request to attend a <u>conference</u> , 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							
	Budget Request (best estimate)							
	Description			Amount				
	Airfare (if fly	ing)			_			
	Mileage (if d	Ψ,						
	Lodging							
	Meals							
	Transportati	on to and from De	es Moines Airport					
		on to and from de	•					
Parking (Des Moines Airport)								
	Pontal Car at	destination						