

## McNair Scholar Travel Funding Request Conference Presentation

Please Print Clearly

This form should be completed at least one month prior to travel date.

Scholar Name:	
Conference Name:	_
Will you be presenting? Yes No  Attach proof of acceptance to present at this conference.  Title of presentation:	-
Will your presentation require a poster? Yes No	
If you are not presenting, what is the purpose of this trip?  One of these must be checked to fulfill the goals and objectives of the McNair Program grant.  □ CWU Faculty Recommended Conference	
Name of Faculty:	_
□ Graduate School Visit Name of Graduate Program:	_
□ Grad Fair	
□ Meet with Faculty Name of Faculty:	_
□ Other If other, please explain:	
Will your mentor be attending this conference? Yes No	
Is this a group trip? Yes No	
If yes, what group?	_
Location: (City/State)	
Travel Dates: Departure: Return:	
Note: It is required for any travel that you apply for OUR Travel Grants. Please note the deadlines, fit Wednesday of February and November by 5 pm. Contact us for further questions.	rst
Estimated Expenses:	
Conference Registration: Please attach official conference schedule or itinerary.  Has the registration fee already been paid? Yes No	

If so, how?

Will you need to be rein Please attach receipt for reg		Yes	No		
If not, when is the dead	line?				
Number of meals provided Meals provided by regis	as part of 1	registration	on fee: med on a travel	expense voucher or requ	uested on travel advance.
Travel to/from Airport: (circle one)  Staff will calculate  Will you require parking at			Shuttle	Other	\$
If other, please explain:	amporti	1 05	NO		Ψ
Estimated Airfare: Other costs: Baggage, etc.					\$ \$
Travel to/from Airport at destina	tion: (taxi,	, bus, shu	ıttle)		\$
	own reservation on ference hotel	hotel or Separ	credit card, and is separate lo ate lodging	l you will be reimbursed.  dging required?  Other	onsibility). However, in rare
Room cost/night: \$		X	# nig	hts =	\$
If other, explain:					
Will you require parking at	the hotel/l	odging?	Yes ]	No	\$
Meals:					
For help with state/federal per diem ra Meals will be reimbursed a					
Breakfast:	_		•	-	<u> </u>
Identify number of meals N					
Breakfast:	_		D	inner:	
				Estimated Total A	.mount: \$
Please explain any unusual costs or	circumstaı	nces:			
Would this trip cause you financial You may contact office staff to discuss posse. If yes, please explain.		Yes nents.	No		
<u>G:</u>				D : C 1 :::	
Signature				Date Submitt	ea