



**McNair Scholar Travel Funding Request
Graduate School Visit**

Please Print Clearly

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

Scholar Name: _____

Graduate School and Program:

Reason for visit:

You must, at minimum, schedule a meeting with faculty during your visit in order to fulfill the goals and objectives of the McNair Program grant. Check all that apply.

CWU Faculty Recommended Visit

Name of Faculty: _____

Grad Fair

Meet with Faculty

Name of Faculty: _____

Other

If other, please explain:

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, first Wednesday of February and November by 5 pm. Contact us for further questions.

Estimated Expenses:

Graduate Program Visitation: *Please attach official schedule or itinerary.* \$ _____

Will the graduate program that you are visiting provide any funding for your travel?

Yes No Don't know

If yes, what does the program provide?

Will the graduate program provide any meals during your visit?

Yes No Don't know

If yes, what meals will be provided? _____

Meals provided by registrations cannot be claimed on a travel expense voucher or requested on travel advance.

Travel to/from Airport: (circle one) Private Car Shuttle Other \$ _____

Staff will calculate

Will you require parking at airport? Yes No \$ _____

If other, please explain: \$ _____

Estimated Airfare: \$ _____

Other costs: Baggage, etc. \$ _____

Travel to/from Airport at destination: (taxi, bus, shuttle) \$ _____

Individual Lodging:

We will do our best to arrange and prepay lodging plus taxes and fees (incidentals are travelers' responsibility). However, in rare instances you may need to make your own reservation with a credit card, and you will be reimbursed.

Will you be staying at a preferred hotel that is near the graduate school?

Yes No Other

If other, explain:

Room cost/night: \$ _____ X _____ # nights = \$ _____

Will you require parking at the hotel/lodging? Yes No \$ _____

Meals:

For help with state/federal per diem rates, refer to the travel webpage: <http://www.cwu.edu/financial-affairs/travel>

Meals will be reimbursed according to actuals, identify number of meals provided: \$ _____

Breakfast: _____ Lunch: _____ Dinner: _____

Identify number of meals NOT provided:

Breakfast: _____ Lunch: _____ Dinner: _____

Estimated Total Amount: \$ _____

Please explain any unusual costs or circumstances:

Would this trip cause you financial hardship? Yes No

You may contact office staff to discuss possible arrangements.

If yes, please explain.

Signature

Date Submitted