

Meredith Undergraduate Research Program
Travel Grant Request

Total Amount Requested: _____

Destination: _____

Dates of Travel: _____

____ Check here if travel is related to your participation in the UROP Program.

Purpose of Travel (i.e., how is travel associated with your research?):

Itemized Expenses (for automobile travel, calculate 32.5 cents per mile):

I ___ am ___ am not requesting or receiving funds from another Meredith source to support this travel. If applicable:

a) identify that source: _____.

b) indicate how much you are requesting or receiving from that source: _____.

I understand that receipts will be required for reimbursement of expenses up to the approved amount, or that documents detailing known expenses must be submitted with a request for a travel advance.

Your signature: _____ Date: _____

Print your name and email: _____

For Faculty Members:

Your Department: _____

Your telephone: _____

Your preferred mailing address:

For Students:

Your Major(s): _____

Expected Graduation (mo) ___ (yr) ___

Your telephone: _____

Your preferred mailing address:

If you are a Meredith student, your request also requires the signature of a professor who is supervising your research and/or travel.

Faculty signature: _____

Print Faculty Name and Academic Department: _____