

**MINORITY ACCESS TO RESEARCH CAREERS  
INTERNAL TRAVEL REQUEST FORM**

PLEASE SUBMIT A COPY OF THE AGENDA AND REGISTRATION DOCUMENTATION TO ALLOW SMOOTH PROCESSING OF REQUEST (OR LIST WEBSITE WHERE INFORMATION CAN BE FOUND)

Website address where information can be found:	http://
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**INFORMATION:**

TRAVELER'S NAME	
TRAVELER'S MENTOR	
MENTOR'S SS#	
ACCOUNT NUMBER TO BE CHARGED IF TRIP EXCEEDS \$1,000.00	
DESTINATION	
STARTING POINT	
DEPARTURE DATE	
RETURN DATE	
DEPARTURE TIME	
RETURN TIME	
PURPOSE OF TRIP	
INDICATE IF DRIVING INSTEAD OF FLYING DRIVING <input type="checkbox"/> FLYING <input type="checkbox"/>	IF DRIVING, PLEASE ATTACH AN AIRLINE QUOTE SHOWING THAT DRIVING WILL BE CHEAPER THAN FLYING.

**EXPENSES:**

ITEM	INDICATE IF TO BE ARRANGED OR PAID FOR BY MARC OFFICE		AMOUNT
	Arrange	Pay	
AIRFARE EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	\$
REGISTRATION EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	\$
HOTEL EXPENSE (PLEASE INDICATE HOW MANY WILL BE SHARING THE HOTEL ROOM/EXPENSE)	<input type="checkbox"/>	<input type="checkbox"/>	\$

This form is intended to aid the MARC program office in the preparation of the team travel for the MARC fellow. Please fill in the information that you have - the MARC office will aid in completing this form as necessary.

As a reminder, the MARC program can only pay \$1,000.00 towards a MARC fellow's trip. If the trip requested here exceeds that amount, please provide an additional account number in the space provided above to cover the difference.

Thank you for your assistance.  
Dr. Michael D. Johnson  
MARC Program Director  
MARC Program Office - 646-4041

MENTOR APPROVAL: \_\_\_\_\_  
DATE SIGNED: \_\_\_\_\_

Please use the back side of this sheet for any further explanation or directions to the MARC program office as necessary. Thank you.