Neuroscience Travel Request Form

Please submit ALL travel requests as soon as you are aware of the trip minimally 3 weeks prior to departure.

By completing this form, you acknowledge you are familiar with the travel policy: https://health.uconn.edu/policies/wp-content/uploads/sites/28/2017/07/2017-03-Travel-and-Entertainment-Policy.pdf

Traveler Name:	Cell Phone:				
Home Street Address:		City/	Town:	Zip code:	
Business purpose:					
Departure date:	Time of departure:	Returi	n date:	Time of Return:	
Means of Transportation**:	r a	Vill you be parking at the part/train tation	Any persona days added to trip		
lotel Reserved:		Hotel room is being shared with:		If sharing room, person paying hotel bill:	
Conference Registration payment options:			Registration fee:		
Is there an abstract fee? (drop down	selection)				
If "yes" to abstract fee, please see	office on getting this paid	with the department	credit card. Do NOT เ	use your personal credit card.	
Portion of my trip is paid by third party:		For graduate students/postdocs: Are you applying for HCRAC fundi		No Cost TA	
FOAPAL coding to charge expenses	ises to:		Travel Advance requested:		
Items to provide to the office:					
Copy of conference meeting	Registratio	n backup	Hotel details		

Additional comments:

HCRAC Funding

Travel Grants are available for students and postdocs. If eligible, these grants provide up to \$700 (per fiscal year). To see if you are eligible or to apply, please visit one of the following corresponding links and complete applicable forms:

Graduate Students - https://ovpr.uchc.edu/services/research-development/research-advisory-groups/hcrac/grant-program/travel-grant/

Postdocs - https://ovpr.uchc.edu/services/research-development/research-advisory-groups/hcrac/grant-program/travel-grants-postdocs/

NOTE: If HCRAC funding is approved, you must provide a copy of the approved form, along with this completed Neuroscience Travel Request Form

Travel Advances

Travel advances are calculated in three (3) categories and exclude the cost of registration and airfare.

Out of pocket expenses: \$300-\$500, eligible for \$250 \$501-\$1250, eligible for \$500 \$1251 or more, eligible for \$1,000

^{*}Please allow 3 weeks for processing.

^{**} By requesting personal mileage, you are agreeing you carry \$50,000/\$100,000 in automobile insurance coverage.

^{***}Parking reimbursement is limited to the lowest-cost economy parking lot