Neuroscience Travel Request Form

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

IMPORTANT: 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 P	hone:	
Home Street Address:		City	/Town:	Zip code:
Business purpose:				
Departure date:	Time of departure:	Retur	n date:	Time of Return:
Means of Transportation**:		Will you be parking at the airport/train station ***	Any persona days added to trip	
Hotel Reserved:		Hotel room is being shared with:		If sharing room, person paying hotel bill:
Conference Registration pa		Registration fee :		
Is there an abstract fee? (d	lrop down selection)			
If "yes" to abstract fee, ple	ease see office on getting this pa	aid with the departmen	t credit card. Do NOT u	se your personal credit card.
		ate students/postdoo pplying for HCRAC fu		No Cost TA
FOAPAL coding to charge expenses to:			Travel Advance requested:	
Items to provide to the office	ce:			
Copy of conference mee	eting Registra	ation 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