



Form Instructions

1. Fill out the attached form.
2. Attach proof of your abstract submission and / or acceptance.
3. Attach a program or schedule of events.
4. Attach an 8.5 x 11 copy of your poster or oral presentation.
5. Submit form to Ms. Sloan or Dr. Jain at least 1 month prior to your travel date.

Important Information

Submit this form with all requested materials **at least** 1 month before you plan to travel. Submission of this form is not a guarantee that your travel will be approved or paid. After submission follow-up with Ms. Sloan to determine if your form is complete or if additional information is required. **It is your responsibility to ensure that travel arrangements are made through the MARC Program office.**

Keep in mind that if travel arrangements or other costs are incurred on your behalf, and you do not take advantage of these arrangements, it will be your responsibility to refund the program.

The MARC Program is funded by a grant from the National Institute of General Medical Sciences.

Title: ASU MARC to BRIDGE Conference Attendance Travel Assistance

Purpose: To assist and support MARC scholars in presenting their research at local and national conferences.

Objective: The goal of the “ASU MARC to BRIDGE” Program at Albany State University is to prepare honors students to successfully enter Ph.D. or M.D./Ph.D. graduate programs. The hope is that our scholars will complete their Ph.D. or M.D./Ph.D. in a biomedical-related research field. Therefore, as a MARC scholar you will be encouraged to travel to national and local conferences to **present your research**.



Albany State University MARC to BRIDGE Program

Travel Approval Form

Traveler Information

Last Name First Name RAM ID

_____/_____/_____
Date of Birth Age Phone Number ☐ Cell ☐ Home ☐ Other

Email (Active)

Emergency Contact Last Name First Name Relationship

☐ Cell ☐ Home ☐ Other

Emergency Contact Phone Number

Do you have any allergies?

☐ Yes ☐ No If yes, specify _____

Do you carry an epi-pen?

☐ Yes ☐ No Specify other allergy treatment _____

Do you have any known medical conditions?

☐ Yes ☐ No If yes, specify _____

Please provide any information the MARC staff may need to know regarding treatment of your condition in the event of an emergency.

Travel Information

How will you travel?

☐ Car _____ miles ☐ Air \$_____.00 ☐ Other(specify) \$_____.00
Round-Trip Round Trip Cost Round-Trip Cost
☐ AM ☐ AM
☐ PM ☐ PM

Departure Date Time Return Date Time

Conference Information

Full Title of Conference or Event _____

Will you be presenting? ☐ Yes ☐ No

Type of presentation? ☐ Poster ☐ Oral

Presentation Title _____

☐ AM

☐ PM

Presentation Session _____

Date _____

Time _____

Location and Street Address _____

City _____

State _____

Zip _____

☐ AM

☐ AM

☐ PM

☐ PM

Begin Date _____

Time _____

End Date _____

Time _____

Lodging Information

Is there a "conference hotel"? ☐ No ☐ Yes

Name of Hotel _____

If yes, provide contact information for hotel _____

\$ _____ X _____ = _____
Cost / Night Night(s) Total Cost

Will you be sharing a room with another student? ☐ Yes ☐ No

If yes, provide student name and contact information _____

Registration

Have you registered? ☐ Yes ☐ No

Are there fee waivers or travel awards for students? ☐ Yes ☐ No If yes, have you applied? ☐ Yes ☐ No

Registration – continued

If not, why? _____

Registration Deadline

Cost

Food and Incidentals

Are meals provided? ☐ Yes ☐ No

Indicate all meals (if any) that are **not provided**. Include all meals from the time that you leave ASU campus until you return to ASU campus. Use the “travel day” box to indicate if a meal is occurring on a day in which you are traveling to or from the conference.

Date

(1) _____ / _____ / _____ ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Travel Day

(2) _____ / _____ / _____ ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Travel Day

(3) _____ / _____ / _____ ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Travel Day

(4) _____ / _____ / _____ ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Travel Day

Do you expect to have any other travel related costs? ☐ Yes ☐ No

If yes, please indicate the type of cost and the amount of the expected cost.

(1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

Office Use Only

Travel Costs

Air \$_____ + _____ tax/fees = \$_____

Car _____ miles X 0.575 = \$_____

Other \$_____

Lodging

Hotel \$_____ cost/night X _____ nights = _____

+ _____ tax = \$_____

Registration \$_____

Food

Breakfast \$_____ X _____ meals = \$_____

Lunch \$_____ X _____ meals = \$_____

Dinner \$_____ X _____ meals = \$_____

Total Incidentals \$_____

Total Requested by Student \$_____

Received by	Date	Reviewed by	Date
Travel <input type="checkbox"/> Approved <input type="checkbox"/> Rejected		Date	
Reason			
SA Travel Form (w/ Roster)	Date		
Vehicle Request Form (with RFP)	Date Submitted	Total Requested	
RFP Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted	Total Requested	
Total Travel Cost	Date Reserved	Confirmation	
Total Lodging Costs	Date Reserved	Confirmation	
Registration Costs	Date	Confirmation	
Food Cost and Incidentals	Date	Confirmation	