

Submit Travel Request to SCI

Category: SCI Forms, Travel Forms

Travel Form

Traveler Information

Last Name *

First Name *

Middle Name

uNID *

Cell Phone *

Traveler Date of Birth *

Traveler Gender *

Please select the gender marker as it appears on your valid government-issued ID: male (M), female (F), or unspecified/another gender identity (X).

Traveler Email *

Travel Information

Has your supervisor/advisor approved this travel? (If you are the PI, please select "N/A") *

- Yes
- No
- N/A

Who is your advisor? *

What is the funding source? *

Please indicate the account to be used for travel expenses. If using a grant, specify the project number or grant name.

Have you received a travel award from the Graduate Student Travel Assistance Office?

- yes
- no

If yes, please provide your award information in the notes section of this form and include it in your reimbursement request.

Award Information

Where are you traveling to? (City, State, Country) *

Date of Departure *

Date of Return *

Purpose of travel *

Will this trip include any personal travel days? Please list dates here:

Does this trip require purchasing a conference registration? *

- Yes
 No

Estimated Conference Registration Cost

Name of Conference *

Estimated Cost *

\$

[Add Entry](#) [Remove Entry](#)

If you would like SCI to purchase your registration, please add the necessary URL and all information needed for the registration

Estimated Transportation Cost (airfare, car rental, personal car, etc.)

Type of Transportation *

Estimated Cost *

\$

[Add Entry](#) [Remove Entry](#)

Would you like for SCI to book your flight? *

- Yes
 No

Domestic/International *

- Domestic
 International

Fare Type * ▼

Flight Information

Airline *

Flight Number

Departure City *

Departure Date *

Departure Time *

12 ▼ : 00 ▼ AM ▼

Arrival City *

Arrival Date *

Arrival Time *

12 ▼ : 00 ▼ AM ▼

[Add Flight](#) [Remove Flight](#)

Frequent Flyer Number

Please type 0 if there is no Frequent Flyer #

Known Traveler Number

A Known Traveler Number (KTN) is assigned to individuals who have undergone a federal threat assessment and are considered low-risk travelers.

Passport Information

Passport Number *

Passport Issuing Country *

Issue Date *

Expiration Date *

Estimated Hotel/Accommodations Cost

Name of Hotel or Accommodation *

Estimated Cost *

\$

[Add](#) [Remove](#)

Would you like SCI to book your hotel accommodations?

Yes

No

If you require SCI to book your hotel, please include the hotel information in Additional Information section in the box below

Additional Information

File Upload



Drop a file here or click to upload Choose File

Maximum file size: 5MB

Additional Information

Total Estimated Travel Expenses:

While there may be additional incidental expenses, such as ground transportation and meals per diem, this estimate is intended to reflect the largest anticipated costs associated with the trip.

Captcha

Submit [Start Over](#)

If you are human, leave this field blank.

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