

REQUEST FOR TRAVEL FUNDS



Travel to conferences, symposia, and special meetings is essential for the MCMC to continue to move forward with our established goals and mission. Your institution/organization also benefits by being represented at such events. We have some remaining funds left in travel that we would like to

open to the MCMC including faculty and staff at your institutions.

If accepted, the MCMC will provide travel awards up to \$1,000 per trip. These grants will be awarded on a first-come-first-served basis. The MCMC cannot provide any retroactive reimbursements. Note: Funds will only be awarded to public institutions and organizations within MHEC/MCMC.

Completed form must be submitted to: mcmc@mhec.org

Applications must be received a minimum of three (3) weeks in advance of the travel date to help guide funding decisions; however, some special circumstances may be considered. If your application submission is complete at the time it is submitted, a response will be received within 10 days. Upon receipt, the application will be shared with the appropriate MCMC Steering Committee Member for review and consultation.

A summary of what was learned at the meeting and how you plan to use this at your institution/organization is due when submitting receipts for reimbursement. Applicants must follow the MHEC Travel Policy (<http://www.mhec.org/events/mhec-travel-policy>). Please call 765.586.6512 or email mcmc@mhec.org if you have any questions or need clarifications.

APPLICANT INFORMATION

Name: _____

Institution/Organization: _____

Department: _____

Title: _____

Email: _____

MEETING INFORMATION

Meeting Name: _____

Location: _____

Begin Date: _____ End Date: _____

Please explain how this meeting will benefit the MCMC and your work:

ESTIMATED TRAVEL BUDGET

- 1. Air Fare: \$ _____
 - 2. Ground Transportation: \$ _____
 - 3. Lodging: \$ _____
 - 4. Meals: \$ _____
 - 5. Registration: \$ _____
 - 6. Miscellaneous (Please itemize):
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- TOTAL REQUEST: \$ _____**

FOR MHEC USE ONLY

Date received: _____ Date sent to Steering Committee Member: _____

Reviewed by Steering Committee Member: _____

Approved Not Approved – Reason: _____

Approved for: \$ _____

Applicant Notified – Date: _____

Applicant submitted receipts and follow-up report – Date: _____