

Site visit travel request form

* Indicates required question

PRA Burden Statement

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OMB Control Number: 0648-0568

Expires: 05-31-2026

Privacy Act Statement

Authority: The collection of this information is authorized by section 4001 of the America COMPETES Act (Pub. Law 110-69).

Purpose: NOAA's Office of Education collects contact information and associated background information of undergraduate and graduate students, as well as recent graduates, for the purpose of tracking scholarship recipients' academic progress, making annual financial awards, and tracking graduate studies and career progress.

NOAA Routine Uses: In accordance with the Privacy Act of 1974, as amended, 5 U.S.C. 552a(e)(4) and (11), the Department of Commerce proposes to collect this information for the purposes of evaluating scholarship applicants and for determining educational and professional attainment of NOAA education program participants following graduation. This includes disclosure to other Federal agencies or contractors of the Department of Commerce as needed. Maintenance and disclosure of this information is subject to the routine uses identified in the Privacy Act System of Records Notice entitled "COMMERCE/NOAA-14 Dr. Nancy Foster Scholarship Program; Office of Education, Educational Partnership Program (EPP); Ernest F. Hollings Undergraduate Scholarship Program and National Marine Fisheries Service Recruitment, Training, and Research Program".

Disclosure: Furnishing this information is voluntary.

1. Scholar name *

2. **Did you do the following? ***

1. Arrange the details (date, location) for this site visit with your mentor.
2. Email studentscholarshipprograms@noaa.gov with a CC to your mentor providing the agreed upon dates of your visit.

If not, return to this form after completing the steps above. We will not send your travel request to GMG until your mentor acknowledges they approve of the dates.

Mark only one oval.

Yes

3. **Emergency contact (name, phone)**

4. **Mentor name**

5. **Mentor email**

6. **Co-mentor name(s), if applicable**

7. **Co-mentor e-mail(s), if applicable.**

If you have more than one co-mentor, list them with a comma between, but no spaces. For example: Audrey.maran@noaa.gov,Tracy.Levstik@noaa.gov

8. **Name and address of the NOAA facility you are visiting ***

9. **Travel start date ***

Example: January 7, 2019

10. **Travel end date ***

Example: January 7, 2019

11. **Method of transportation ***

If you choose to take a personal vehicle, you will only be reimbursed up to the cost of a plane ticket from your school/home to your destination. Reimbursable expenses up to the plane ticket cost include: mileage, parking, and tolls.

Mark only one oval.

Flight

Personal vehicle

Train or bus

12. **What travel reimbursables do you anticipate will apply to you?**

Details on what costs are [reimbursable](#)

- **If you are taking a personal vehicle**, you are only eligible for reimbursement up to a comparable roundtrip flight.

Rental cars:

- The program will not approve rental cars unless the location is remote and other transportation options are limited or non-existent.
- You **MUST** have pre-approval from the scholarship team: Have your mentors email the scholarship team confirming that rideshare and public transportation are not reliable/cost effective in their location, we will approve and provide the requirements for reimbursement.
- **If you request a rental car enter it under "other."**

Check all that apply.

- Checked bag
- Shuttle, rideshare, taxi, ferry, etc. (to/from airport; Between hotel and site visit facility).
- Mileage (Taking a personal vehicle to airport, station, or destination)
- Tolls (Driving a personal vehicle to airport, station, or destination)
- Parking (Driving a personal vehicle to airport, station, or destination)
- Other: _____

13. **Preferred hotel: ***

Include the following information in your response:

1. Name of the hotel
2. Hotel address
3. Hotel telephone number
4. Nightly rate

GMG will arrange your hotel stay, which may or may not be at your preferred hotel. If you do not need a hotel: Enter "No hotel needed" AND indicate your lodging plan.

Flight or train/bus options

You may list two preferences for flight/bus departure and return times and airports/stations

14. **Flight preference 1:** Please copy and paste the text below into the answer box * and replace each [bracketed] blank with your choice.

FROM [*Home or school airport*] TO [*Destination Airport*] ON [*Date*]. Prefer [*morning/afternoon*] flight.

RETURN FROM [*Destination Airport*] TO [*home or school airport*] ON [*Date*]. Prefer [*morning/afternoon*] flight.

- *If you are taking a train or bus, replace "flight" and airport" with "trip" and "station" as appropriate.*

15. **Flight preference 2:** Please copy and paste the text below into the answer box * and replace each [bracketed] blank with your choice.

FROM [*Home or school airport*] TO [*Destination Airport*] ON [*Date*]. Prefer [*morning/afternoon*] flight.

RETURN FROM [*Destination Airport*] TO [*home or school airport*] ON [*Date*]. Prefer [*morning/afternoon*] flight.

- *If you are taking a train or bus, replace "flight" and airport" with "trip" and "station" as appropriate.*

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