

**Petition to Travel Form**

**NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BU ID:** \_\_\_\_\_ **ADVISOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Title of Conference:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** From: \_\_\_\_\_ Until: \_\_\_\_\_

**Relationship of Conference to Program:** \_\_\_\_\_

**Please attach conference information and a brief explanation of why you wish to go and how it relates to your Bioinformatics research.**

**Conference Registration Fee** (if any): \_\_\_\_\_

**Involvement:** (Check all that apply)

- Attendee
- Presenter
- Panelist
- Submitted Paper

**Anticipated travel costs:**

It is the student's responsibility to obtain an estimated quote for both round trip transportation and accommodations necessary for attending the conference.

Transportation: (check that which applies) <input type="checkbox"/> Airfare <input type="checkbox"/> Train <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other _____	Estimated cost: _____ _____ _____ _____
--	---

Accommodations: <input type="checkbox"/> Hotel  <input type="checkbox"/> Other _____	_____ _____
---	----------------

**Meal expenses will not be reimbursed.**

**TOTAL ESTIMATED COST**  
**(INCLUDING Conference costs, travel and accommodations):** \_\_\_\_\_

**ADVISOR SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**(For Office Only)**

Date submitted: \_\_\_\_\_ Director Signature: \_\_\_\_\_

Date approved: \_\_\_\_\_