**Travel Support Application**

|  |  |
| --- | --- |
| Participant Name: |  |
| Title: |  |
| Institution: |  |
| Address reimbursement to be sent: |  |
| Event: | [Collaboration Symposium (29-April 30, 2025)](https://indico.phy.anl.gov/event/60/page/179-site-access) |
| Dates: | April 29-30 2025 |
| Location: | Argonne National Laboratory |

9700 S Cass Ave, Lemont, IL 60439

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please justify your need for funding support. | | |  | | | |
|  |  | | | | Support Requested  *(original currency)* | Final Approval  *(FRIB-TA use only)* |
|  | **Item** | | | | **Amount** | **Amount (USD)** |
|  | Airfare (Fly America compliant) | | | |  |  |
|  | Ground Transportation (bus, taxi, rental car) | | | |  |  |
|  | Lodging | | | | Up to 114/night |  |
|  | Per Diem Meals | | | | Up to $68/day |  |
|  | Other (Specify): | **Up to $1000** | |  |  |  |

I hereby confirm that I attended this meeting and (if applicable) am requesting the above financial support being provided through the STREAMLINE Collaboration by the Office of Nuclear Physics of the U.S. Department of Energy.

|  |  |
| --- | --- |
| Signature of Participant | Date |