

Today's Date _____

COST CENTER NUMBER _____
REQUEST WILL NOT BE PROCESSED WITHOUT A VALID COST CENTER NUMBER

TRAVEL REQUEST FORM

TRAVELER INFORMATION

Name _____ Campus Address _____
Employee ID # _____ Campus Phone _____
Please provide Social Security Number if not an employee or has never traveled for the university. E-mail _____
Employee ___ Student ___ Guest ___ Group ___ Department _____

DESTINATION INFORMATION

Event _____
Event Dates _____ to _____
Travel Dates _____ to _____
Destination _____
Purpose _____ Purpose Code _____
Title of Paper or Poster _____

TRANSPORTATION INFORMATION

Private Auto _____ Estimated Cost: _____
University Vehicle _____
Air _____ Flight Schedule Attached _____ Charged to T-Card _____
Other (Rental) _____
Please do not purchase VEHICLE INSURANCE when renting a vehicle for your trip.

MEALS/LODGING/MISCELLANEOUS INFORMATION

Meals (Estimate the number of meals you will need for your entire trip.) _____ Estimated Cost: _____
Breakfast ___ Lunch ___ Dinner ___
Lodging _____
Cost per day _____ Number of Days _____
Registration Fee _____ Charged to T-Card _____
Taxi _____
Rental Car _____
Other _____
(parking, train, etc.- please identify)
Travel Advance Needed _____ **Estimated Total Cost:** _____

Travel Requests must be signed by a supervisor or a major professor before submitting to the office for completion.

Supervisor/ Major Advisor Signature _____ Date _____

For Office Use Only

TA # _____ Entered in BASIS _____
Date Initial