



Employee/Consultant Travel Request Form

- ☐ New Travel - Complete All Applicable Sections
☐ Revised Travel - Complete Only Sections That Apply to Change

Requested by: _____

Employee ID: _____ Date of Request/Revision: _____

ACME Office: _____ ACME Department/Division: _____

City/State: _____ Client/Company Visited: _____

Purpose: _____

Details of Travel Request

AIR TRAVEL

Requested Date of Departure	Departure City	Destination City	Required Arrival Time
With Whom Are You Traveling? Name and Company: _____			
Special Travel Requests (specific air carrier; flying with someone else; connecting with someone at layover airport, etc.) _____			

Date of Return Flight	Destination	Required Departure Time	Required Arrival Time
_____	_____	_____	_____

RENTAL CAR

Date and Time of Pickup	Date and Time of Return	# of People in Car with You	Offsite Pickup/Dropoff Location
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Special Requests (specific rental car company; specific type of vehicle, i.e., van, SUV, 4-wheel drive, etc.) _____			

LODGING

Date of Arrival	Time of Arrival	Date of Departure	Time of Departure	# of People per Room	# of Rooms
_____	_____	_____	_____	_____	_____
Hotel or Motel Requested		City of Hotel Request		Purpose of Request	
_____		_____		<input type="radio"/> Conference/Trade Show/Convention <input type="radio"/> Meeting with Client	
Room Request:	<input type="radio"/> Smoking	<input type="radio"/> King Bed	<input type="checkbox"/> Handicap	<input type="checkbox"/> Lower Floor	<input type="checkbox"/> Wireless Internet
	<input type="radio"/> Non-Smoking	<input type="radio"/> Two Beds	<input type="checkbox"/> Other: _____		

Detail Any Special Travel Requirements or Provide Additional Details of Trip:

Date: _____ Employee/Consultant Signature: _____