

TRAVEL REQUEST FORM – **NON-EMPLOYEE TRAVEL**

MAILING INFORMATION

Remember to have individual complete a “Vendor Questionnaire”

(this is the only way the individual can be paid)

LAST NAME: _____ FIRST NAME: _____

AGGIE ID: _____

MAILING ADDRESS:

PHONE #: _____

EXPLANATION: (interview for position with Department; invitation to participate in activity, etc.)

PREPARED BY: _____ EXTENSION: _____

INTERDEPARTMENTAL MAILING ADDRESS: _____

*To be attached to “Travel Request Form” for reimbursement for travel to DACC for position
interview, invitation to special activities, etc. for non-employees*