

Domestic Travel Request Form

Name: _____ Purpose of Trip: _____

Destination: _____

Account #: _____

Leave Date: _____ Return Date: _____

How will Teaching load be handled while away:

Expense Breakdown

| | Total | VISA | NOTES: |
|---------------|-------|--------------------------|--------|
| Lodging: | _____ | <input type="checkbox"/> | _____ |
| Airfare: | _____ | YES NO | _____ |
| Registration: | _____ | YES NO | _____ |
| Other: | _____ | <input type="checkbox"/> | _____ |

Contact Information

Hotel _____

Hotel Phone _____

Cell Phone _____

Approvals

Signature _____ Date _____

Advisor or Dept. Chair _____ Date _____

Submit completed form to Trisha Sorber.

NOTE: Form must be completed and approved prior to making any travel plans (charges on P-card, reimbursements, etc)