

**DIVISION OF NURSING & HEALTH SCIENCES
TRAVEL REQUEST**

Today's Date: _____

Name: _____ Warrior ID # _____

Travel Destination _____

Name of Meeting/Event _____

Travel Dates: Departure date and approximate time _____
Return date and approximate time _____

Out of State Justification: _____

Cost Center: _____

Advance Requested: Yes No

Additional Checks Requested: Yes No
i.e. Advanced payment for registration

Estimated Expenses:

Airfare: _____

Lodging: _____

Ask for government rate/non- taxable

Per Diem: _____

Mileage: _____

Do you need a car reserved? Yes No
License plate # if you are driving your own
car _____

List anyone else who is riding with you

Taxi/Rental: _____

Registration: _____

Please provide a copy of the registration
form & other info. (e.g., poster acceptance)

Other: _____

Travel Funding : Approved _____ Rejected _____

Amount of approved funding: _____

Signature: _____ Date: _____

Division Chair