## **Travel Request Information Form**

Name of T	Fraveler:		Today's Date:			
Warrior ID #: De		Departure Date:		Return Date:		
Destinatio	n(s):					
Purpose of	f Travel:					
Justificatio	on of Travel:					
	tination currently a COVID ho					
Type of Tra	avel: Vicinity (destinati	Vicinity (destinations within 20 miles of campus, up to 3-month mileage log)				
	Monthly (destinat	ion greater than 20	miles from o	campus, 1-month mileage log)		
	Other (in-state, a	ljoining states, out-o	of-state, inte	rnational):		
Flying?	Airline Preference:					
	Preferred flight departure t	ime:	return time	·		
Driving?	Using personal car?	YES	NO	Estimated mileage:		
	License plate number:	Sta	te:			
				cost of a rental vehicle and estimated will be reimbursed at the rental rate.)		
	Using rental car?	YES - Pick-up locati	on:		NO	
				Estimated mileage:		
				-Car and Hertz are current state contract v propriate car available, can go off contract		
Lodging needed? YES - Preferre		ed hotel:		Dates:		
	NO					
Other exp	enses?					
Taxi/	Shuttle:		Registration	:		
Per D	iem:	0	Other:			
Is travel b	eing funded by a source othe	er than the Division	•			
					NO	
Would vo	u like a travel advance?	YES NO				
	avel request form must be submi		orior to travel	for advance eligibility.)		
Travelor	Signature/Date:	hin.	vision Chair	Signature:		
				ice as soon as travel has been conclud		