## **Travel Request Information Form**

Form must be submitted to Division Chair **at least** three (3) weeks in advance of anticipated travel date. If an exception is needed, discuss with Division Chair prior to filling out and submitting this form.

Name of Traveler:			Today's Date:			
			_ Departure Date: _		Return Date:	
Destination	n(s):					
Purpose of	f Travel:					
Justificatio	n of Trave	l:				
ls your des	stination co	urrently a COVID	hotspot?	'ES NO		
Type of Travel: Vicinity (destination		ations within 20 mile	es of campus, up	to 3-month mileage log)		
		Monthly (destir	nation greater than 2	20 miles from ca	mpus, 1-month mileage log)	
		Other (in-state,	adjoining states, ou	t-of-state, inter	national):	
Flying?	Airline P	reference:				
	Preferred flight departure time: return time:					
Driving?	Using personal car?		YES	NO	Estimated mileage:	
	License plate number: State:					
					ost of a rental vehicle and estimated will be reimbursed at the rental rate.)	
	Using re	ental car?	YES - Pick-up loca	ation:		NO
					Estimated mileage:	
			_	•	Car and Hertz are current state contract v copriate car available, can go off contract	
Lodging needed?		YES - Prefe	rred hotel:		Dates:	
		NO				
Other exp	enses?					
Taxi/	Shuttle:			Registration:		
Per Diem: Other:						
Is travel b	eing funde	ed by a source ot	ther than the Division	on?		
	_	-				NC
Would yo	u like a tra	avel advance?	YES NO			
(NOTE: Tra	avel request	form must be sub	mitted <b>at least</b> 3 weel	ks prior to travel j	for advance eligibility.)	
Traveler Signature/Date:				Division Chair S	gnature:	
Original t	ravel rece	ipts must be subi	mitted to Claudia in	the TEAM offic	e as soon as travel has been conclud	led.