Social Sciences Division WORK TRAVEL REQUEST

Name: Warrior ID #:							
Travel Destination:							
	g/Event:						
Travel Dates: De	eparture Date and	l approxii	mate Ti	ne:			
Re	eturn Date and ap	proximat	e Time:				
Justification for 7	Гravel:						
Advance Reques	ted: Yes	No		nal Checks R imbursement	•	Yes registrat	No
Is this in part fur	nded by grant?	Yes	No	(If Yes, attac	ch copy of aw	vard lette	r)
Estimated Expe					10 3		
_		on Drivon	da Liaar				
Airfare: Name as it is on Driver's License: Do you need assistance making your reservation? Yes						No	
	(Attach origir	nal Itinera	ry to th	is form) (Usi	ng P-Card:	Yes	No)
	Date of Birth	:					Í
Lodging:	Ask for Gove (Save Original		•	•	_	Yes ant upon I	No) Return)
	Do you need	a car rese	rved?	Yes	No		
· ·	Plate #: if you are						
	•						
	(Save rece					-	rnj
Registration:	Pleas	_		of the regist ster accepta			Yes
Other				_	ince) (Using	i -Garu.	163
Other:(Save	Your Receipts and	l Rememb			Administra	tive Assisi	tant)
el Funding: Ap							
ınt Number:	-	•			_		
ınt Number:							
int of Allowable ap	proved funding:	S	SW Dire	ctor Signatu	re:		
ture: Faculty				Date:			