

Travel Request Number

BUSINESS TRAVEL EXPENSES
(TO BE CHARGED TO UNIVERSITY CREDIT CARD)

NAME OF TRAVELER: _____
(GROUP TRAVEL REQUIRES ATTACHMENT A)

PURPOSE OF TRAVEL: _____

AIRLINE TICKET

Flight Information: (Date, time, flight number)

PRICE OF TICKET: \$ _____

ACCOUNT NAME & NUMBER TO BE CHARGED:

Travel Agency/Airline

Telephone Number

Contact Person

HOTEL RESERVATION

Hotel Information: (Arrival & checkout date, confirmation #)

PRICE OF ROOM: \$ _____ In-State Out of State

EXCEEDS DAILY MAXIMUM (EXPLANATION):

ACCOUNT NAME & NUMBER TO BE CHARGED:

Name of Hotel

Telephone Number

Contact Person

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Traveler's Signature

Date

Supervisor's Signature

Date

Vice Chancellor's Signature

Date

Chancellor's Signature

Date

Vice Chancellor for Finance & Administration

Date

PURCHASING OFFICE USE ONLY

Available Balance

Date