

Trip Request Form

Name of traveler (as appears on driver's license and include University ID#) _____

Email address _____

Dates of travel _____ - _____

Location from _____ to _____
(City/State) (City/State)

Intermediate stops _____
(City/State)

Purpose of trip _____

Account to charge _____

(if departmental funds, must have Dr. Bill Elmore's signature) _____

Registration fee (attach registration form) _____

Web address to register online _____

Advancement (only on out-of-state travel) What amount? _____

Mode of transportation

Air
Departmental Vehicle
Private Vehicle

Airline Information

GTR-Delta
GTR- Northwest
Birmingham, AL
Jackson, MS
Memphis, TN

Departure time from airport

AM _____
PM _____
No Preference

Departure time from location

AM _____
PM _____
No Preference

Rental vehicle

Compact
Mid-size
Full Size
Luxury
SUV
Van

Hotel Information

Single
Double
Smoking
Non Smoking

name of hotel preferred: _____

Credit card number (for hotel information only) _____

Notes: _____