



Department of Regenerative Medicine and Cell Biology
REQUEST FOR TRAVEL

TRAVELER INFORMATION.....

Name: _____ Employee #: _____
Home Address: _____
Cell Phone #: _____
Emergency Contact:
Name: _____ Phone #: _____

TRIP DETAILS

Departure Date: _____ Return Date: _____
Destination (Country/State & City): _____
Purpose of Trip / Name of Conference: _____
Mode of Transportation: Air [] Personal car [] Motor pool car [] Car Rental []
Airline information required:
Legal name as it appears on your ID: _____
Birthdate: _____
Preferred airline: _____
Frequent flyer number: _____
Conference registration link: _____
Hotel reservations required? Yes No Name of Hotel: _____
UDAK/Project funds paying for travel: _____

ADDITIONAL INFORMATION

Will you be receiving any compensation (i.e. – an honorarium)? Yes [] No []
***When you accept an honorarium, you must use annual leave for the time you are being compensated.
Will you be reimbursed by a 3rd party organization for any travel expenses? Yes [] No []
If Yes, a letter of invitation or agenda MUST be provided indicating the covered expenses.

ATTACH THE FOLLOWING DOCUMENTS TO THIS REQUEST

Table with 2 columns: Document Name, Status. Rows include Conference brochure or link to conference information, Conference confirmation, Letter of invitation, Airline confirmation, Hotel confirmation, Leave form.

Signature of Traveler: _____ Date: _____

PI/Supervisor Approval: _____ Date: _____

Grants Coordinator Approval: _____ Date: _____