

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 \square Personal car \square Motor pool car \square Car Rental \square	
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 Ho	otel:
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 3 rd party organization for any tra-	vel 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	
Conference brochure or link to conference information	on
Conference confirmation, if self-registered	
Letter of invitation, if expenses will be reimbursed	
Airline confirmation, if self-purchased	
Hotel confirmation	
Leave form	
Signature of Traveler:	Date:
	
PI/Supervisor Approval:	Date:
Grants Coordinator Approval:	Date: