

INFORMATION REQUIRED FOR TRAVEL AUTHORIZATION

Provide the information that applies to your trip; only include items you are seeking reimbursement for (exclude items doctoral consortium covers)

Name:

Z Number:

Address:

Name of conference:

Location (City, State, Zip):

Attending Doctoral Consortium?

Presenting / Discussing

Registration fee:

Departure Information

Return Information

Date:

Time:

Location:

Hotel information

Name:

Location (City, State, Zip):

Daily rate including estimate of tax:

(if sharing, include 1/2 of rate)

Number of nights requested:

Transportation

Method (flight, car, etc.):

Air, train, bus fare:

Mileage if it's a car:

Required ground transportation:

Meals (Breakfast \$6 / Lunch \$11 / Dinner \$19):

enter total for trip

Total requested

Additional Information

(details of Doctoral Consortium, paper presentation, sharing room, etc.)