

UAF CTC Request for Travel

Full Name: _____	Dept. Name _____
Banner ID: _____	Dept. Contact: _____
Address: _____ _____	Dept. Phone: _____
	Dept. Address: _____
Birth Date: _____	Traveler's email: _____
Details: Will you be lodging where conference is being held? Yes No	
Other: _____	

Reason for Trip: Please list the title of the conference, meeting, etc.

Travel From:	Travel To
Date Leaving:	Return Date:
*Personal Dates:	

Comparison itinerary **must be provided when personal leave dates are included*

DESCRIPTION		ESTIMATED COST
Transportation (Attach Itinerary)	Mode of Travel (Select one below) (Air Personal Vehicle Other)	
Lodging	() Days @ \$() per day	
Meals	() Days @ \$() per day	
Ground Transportation	Mode of Transportation	
Conf/Training Registration		
Miscellaneous	Airport parking, fuel, extra bags	
TOTAL ESTIMATED COSTS		

Account Information: Fund: _____	Org: _____
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Comments:

All Travel backup must accompany the TR at the time of submission (i.e., air fare itinerary, conference itinerary, registration, car rental, etc.)