TRAVEL REQUEST WITHIN THE UNITED STATES

Please complete this form only to the heavy double line and remember…

- Prior approval of the Department Head is required.
- Advances cannot be issued unless within 10 days of traveling. Travel must be out-of-state for ALL advances.
- A completed registration form must be attached for prepaid registration.
- Confirmation of conference hotel (if applicable) should be attached either with request or itemized receipts.
- When traveling by public carrier (airplane, rental car, etc.) ALL travel arrangements (transportation, lodging and rental vehicles) MUST BE handled by the contracted travel agency – Fair Winds Travel, Inc.

If public transportation is not used, the traveler is free to make lodging arrangements without the use of Fair Winds Travel, Inc., and if a quote be Fair Winds Travel, Inc. can be beat by $25 or more, then the traveler can go with the lower quote.

NOTE: IT IS THE USE OF A PUBLIC CARRIER WHICH TRIGGERS THE REQUIRED USE OF FAIR WINDS TRAVEL, INC.

Name __________________________ Date of Request __________________________

Title: __________________________ MSU 9-digit ID No.: __________________________

Dates of Travel: LEAVE __________________________ RETURN __________________________

Coverage of classes and lessons needed and/or arranged: No: 5 Yes: 5 Covered by: __________________________

Destination: FROM __________________________ TO __________________________

Intermediate stops: __________________________

Purpose of trip: *PLEASE do not use anagrams or initials, give entire name of Conference or Group* __________________________

Mode of transportation: 5 Airplane 5 Rental Vehicle 5 MSU Vehicle 5 Private Vehicle 5 Other ________________

Are you requesting reimbursement for this trip? 5 Yes 5 No

If you checked “Yes” then continue completing this form down to the double line.

How will this trip be paid for: 5 Departmental Funds 5 E & E Funds = Submitted _____________ Approved ______________

5 Grant (Name/No) __________________________ 5 Other (specify) __________________________

Lodging __________________________ Conference Hotel: 5 Yes 5 No

Sharing Room with: __________________________ MSU Department: __________________________

Registration Fee: Prepay 5 Yes Advance Requested: _____________ Amount: _____________ Received: _____________

Advance 5 No

Please do not enter information below this line. Thank you.

TRP Number: __________________________ EBTA No.: __________________________ Charge to Account: __________________________

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Total Meals: __________________________ Comments: __________________________

Total Lodging: __________________________ Total Mileage of: __________________________ @ .485/mile = $ _____________ To travel for pre-registration and/or advance __________________________

Registration: __________________________ Total mileage of: __________________________ To Travel for reimbursement __________________________

Air Fare: __________________________ Contact in Travel: __________________________

Other (specify): __________________________