

## 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 5 No Advance Requested: \_\_\_\_\_ Amount: \_\_\_\_\_ Advance Received: \_\_\_\_\_

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

TRP Number: \_\_\_\_\_ EBTA No.: \_\_\_\_\_ Charge to Account: \_\_\_\_\_

Date	Breakfast	Lunch	Dinner	Total	Date	Breakfast	Lunch	Dinner	Total

Total Meals: _____ Total Lodging: _____ Registration: _____ Total Mileage: _____ Air Fare: _____ Other (specify): _____ <b>TOTAL REIMBURSEMENT:</b> _____	Comments: _____  Total mileage of _____ @ .485/mile = \$ _____ To travel for pre-registration and/or advance _____ To Travel for reimbursement _____ Contact in Travel: _____
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