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 – Travel Leaders, Inc.

If public transportation is not used, the traveler is free to make lodging arrangements without the use of Travel Leaders, and if a quote by Travel Leaders 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 TRAVEL LEADERS.

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: □ Yes: □ 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: □ Airplane □ Rental Vehicle □ MSU Vehicle □ Private Vehicle □ Other ________________

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

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

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

□ Grant (Name/No) ___________________________ □ Other (specify) ___________________________

Lodging ___________________________ Conference Hotel: □ Yes □ No

Sharing Room with: ___________________________ MSU Department: ___________________________

Registration Fee: Prepay □ Yes □ No Advance Requested: ________ Amount: ________ Received: ________

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Meals: ___________________________ Comments: ___________________________

Total Lodging: ___________________________ Total mileage of ________ mile = ________

Registration: ___________________________ To travel for pre-registration and/or advance ________

Total Mileage: ___________________________ To Travel for reimbursement ________

Air Fare: ___________________________ Contact in Travel: ___________________________

Other (specify): ___________________________