

WSU TRI-CITIES TRAVEL REQUEST

Complete and return to your appropriate Academic Support Staff, two weeks before travel departure date.

Today's Date: _____ TA# (for Office use only) _____

GENERAL INFORMATION

Name/Title: _____ WSU ID# _____
Home Address: _____
Home Phone: _____ Office Phone: _____
Destination: _____
Date/Time Leaving: _____ Date/Time Returning: _____

PURPOSE

Purpose of travel: _____
Benefit to WSU: _____
Is this AMS Travel: YES ___ NO ___ What Class? _____

REGISTRATION

Advance Registration Payment Required? YES ___ NO ___ (if yes, attach completed registration form)
Have you made your own reservation? YES ___ NO ___ (if yes, attach copy of registration payment receipt)

TRANSPORTATION

State Car (Y/N): _____ Personal Car (Y/N): _____ Rental Car (Y/N): _____ Plane (Y/N): _____
Rental Car pick up date/time: _____ Rental Car Return date/time: _____
Preferred Depart Flight # / Time: _____ Preferred Return Flight # / Time: _____

LODGING

Hotel/Lodging Name: _____ Phone /Fax# : _____
Reservation made by: _____ Cost: _____
150% Lodging Exception: YES ___ NO ___ Exception Reason: _____
(to claim lodging exception you must be at Conference Hotel, or the rates in area not under per diem, or hotel low cost rates are not available)

MEALS

NOTE: Traveler must be gone 3 hours over regular scheduled work day to claim meals (12 hrs or more).
Meals Needed: Bkfst _____ Lunch _____ Dinner _____
Conference Provided Meals: Breakfast: _____ Lunch: _____ Dinner: _____

TRAVEL ADVANCE

Travel Advance Needed: YES ___ NO ___
For travel advance you must be gone at least 10 days in high cost location or attach memo of financial hardship)

COMMENTS/NOTES

APPROVALS

Program-Budget-Project (example: 08R-5601-9999) _____
Supervisor's Approval: _____ Date: _____
Business Office Expenditure Authority: _____

Office Use Only: Academic Travel Budget - Current Balance: _____