

## **Faculty Travel Request Form**

Traveler Name:	Phone:	Date of Request:			
Email:	Traveler Date of Birth:	Frequent Flyer # (if applicable):			
Dates of Travel:	Conference Web	osite (if applicable):			
Project Name & Fund Nur	mber**:	PI Signature**:			
Business Purpose**:					
	Departing Flight, List Top	3 Preferred Flights			
Flight Number Departure Date/Time & 0		Arrival Date/Time & City			
	Return Flight, List Top 3	Drafarrad Elights			
Flight Number	Departure Date/Time &City	Arrival Date/1	ime & City		
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	Lodging, List Top 3 Preferr	ed Accommodations			
Hotel Name / Website		Dates of Stay	Conference Rate Available?		

- See <u>UA Travel Policies</u> for detailed guidelines.
- Flights, hotel reservations, conference registrations, and rental cars MUST be purchased using a UA P-Card.
- Flights MUST be booked using CONCUR unless otherwise justifiable
- Keep all ITEMIZED receipts for ground transportation, parking, Uber/taxis, and other reimbursable expenses.

Purchaser Signature (upon completion)**:	Рι	urchaser	Signature	(upon com	pletion)	**.	
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