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TEXAS TECH UNIVERSITY
Department *of* Plant and Soil Science

# TRAVEL REQUEST

**For Domestic Travel:** this form must be submitted **TWO WEEKS** prior to any business-related travel, regardless of funding source
**For International Travel:** this form must be submitted **30 DAYS** prior to any business-related travel, regardless of funding source

Date: _____ R#: _____ DOB: _____

Name of Traveler: _____

Name of Supervisor: _____

Dates of Travel: _____ Destination: _____

Depart from: _____ Flight Rewards Acct. #: _____

Purpose of Travel (If conference, include name and attach brochure. **DO NOT ABBREVIATE CONFERENCE NAME.**): _____

## ESTIMATED EXPENSES

Flight: _____
Hotel: _____
Meals: _____ URL per diem: _____
Parking: _____ Taxi: _____
Gas: _____ Baggage Fee: _____

**TOTAL EXPENSES:** _____

**CHECK BOX IF ADVANCE NEEDED:** ☐
(advanced reimbursement prior to event)

## ENTERPRISE RENTAL

Pick-up Location: _____ pickup time & day: _____ drop off time & day: _____

Type of vehicle: _____

**FUNDING SOURCE (FOP):** _____

Additional Information: _____

If you have any questions about travel arrangements please contact Donna Cantu.
**PLEASE TURN IN ALL RECEIPTS TO DONNA WITHIN 3 DAYS OF RETURN**

_____ _____
Signature of Traveler Date

updated 8/23/2022