



TRAVEL REQUEST

Dept/Unit/District: _____ Date: _____ Request Number: _____

From: _____ To: _____
Travel Dates (including travel time)

Destination: From: _____ To: _____ District: _____
City State (AgriLife Extension)

Counties Visited (if applicable)*: _____
* County required for out of state travel

Purpose of Travel: _____

ADDITIONAL TRIPS LISTED ON BACK OF FORM

MODE OF TRANSPORTATION:

_____ Private Auto _____ Accompanying Another Party*
_____ Official Auto _____ Accompanied by* _____
_____ University Plane _____ Commercial Transportation (Includes Rental Car)

*Explanation required for two or more employees attending the same or similar duties: _____

EXPENSE TO BE CHARGED TO:

Account Name: _____ Account No: _____

Estimated Expenses: \$ _____ Project No/Support Account: _____

Name: _____ UIN _____
Print or Type

Signature: _____ Title: _____

RECOMMENDED: _____
Supervisor

APPROVED: _____
Department Head/Resident Director

APPROVED: _____
Director/Designee

