

Department of Astronomy
Travel Request Form

Name: _____

Dates of Travel: _____

University CUFS Acct.#: _____

Pref. Air Carrier: _____

Destination: _____

Preferred Time of Departure: _____
Outbound

_____ *Return*

Purpose of Travel: *(Include host institution, name(s) of collaborators, name of meeting or workshop, title of talk, etc.)*

ESTIMATE OF EXPENSES:

Airfare: *(List airfare if you made your own reservations)* \$ _____
(Attach copy of ticket confirmation)

Meals: (Est. Cost) \$ _____

Lodging: Hotel: _____
Yes No Should T.F. Reserve?

Preferred Hotel or Location: _____

If you have already made your own hotel reservation, please give:

1. Name of Hotel: _____

2. Phone Number: _____ 3 \$ _____
Rate per Night

Dorm/Observatory: *(per night)* \$ _____

Transportation: *(To/From Mpls. Airport)* _____
Taxi OR Personal car

Car Rental: _____
yes No Should T.F. Reserve?

Registration Fee: \$ _____ *(Attach a copy of receipt or confirmation)*

Will this travel be reimbursed by an outside agency? _____
Yes No

*If reimbursed by an outside agency, please indicate amount (e.g. all, airfare only, percentage,
Also indicate what institution will be reimbursing you (include contact person if possible)*

Traveler's Initials: _____ P.I.'s Signature: _____