Department of Astronomy
Travel Request Form

Name: ____________________________________________

Dates of Travel: ________________________________ University Chartstring #: ________________________

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.T. 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.T. 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: ____________________________