



Pre-Trip Travel Info Form

Complete all information and return to your advisor's admin assistant prior to requesting booking of airline tickets.

Traveler's Full Name: _____

Phone: _____ Email: _____

CSU Employee ID Number: _____

Destination - From: _____ To: _____

Departure Date: _____ Return Date: _____

If Multiple Destinations:

Destination 2 - From: _____ To: _____

Departure Date: _____ Return Date: _____

Emergency Contact (s): _____

Phone Number(s): _____ Relationship: _____

If you are a non-US citizen: Country of Citizenship: _____ Non-resident Alien: _____

If International Travel, region familiarity and lodging information is required by the University.

Region Familiarity (i.e. 60 miles north of Paris): _____

Hotel Name, Address, and Phone: _____

Account Number(s): _____ Indicate % if Split Funding: _____

Airfare Amount \$ _____ Travel Agency: _____

ESTIMATED EXPENSES:

Per Diem for _____ days Lodging for _____ nights @ \$ _____ per night

Mileage @ _____ miles

Parking \$ _____ Rental Car/Gas \$ _____

Ground Transportation \$ _____ Tolls \$ _____

Registration Fee \$ _____ Was Registration Fee Paid by PCard: _____

Other Expenses (itemize) \$ _____ \$ _____

\$ _____ \$ _____

Purpose and Justification: _____
