



## UAF Facilities Services Travel Request Form

Request Date: \_\_\_\_\_

Traveler's Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Date of Birth (for Air travel) : \_\_\_\_\_

UA ID#: \_\_\_\_\_

Division/Shop: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Purpose for this Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_

Personal Dates: \_\_\_\_\_

**Fund-Org-Act.Code-Work Order #:** \_\_\_\_\_

**UA Travel Credit Card Info:** \_\_\_\_\_

*\*If taken, please attach/state the airfare information for both personal and business cases*

Form of Transportation:  Air     UAF Vehicle     Personal Vehicle     Other \_\_\_\_\_

Hotel Preference and/or area: \_\_\_\_\_

Airline Preference & Seating: \_\_\_\_\_

Anything else Important? Tell us!: \_\_\_\_\_

Rental Car     Yes     No                      Baggage/Freight     Yes     No  
 Taxi     Yes     No                      Parking Fees     Yes     No

**Cost estimate for trip including registration:**

Roundtrip Airfare:	\$
Hotel Room (approximate \$ _____ per night for _____ nights):	\$
Registration Fees (Classes, conferences, exams, etc.):	\$
Transportation (Cab fees):	\$
Other Job-Related Fees:	\$
Lyft/Uber/Taxi/Shuttle:	\$
<b>Estimated Total:</b>	<b>\$</b>