

# TRAVEL REQUEST FORM

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WSU ID # \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

DESTINATION \_\_\_\_\_

PURPOSE OF YOUR TRAVEL \_\_\_\_\_

\_\_\_\_\_

DO YOU NEED A RENTAL CAR? \_\_\_\_\_

DO YOU NEED YOUR REGISTRATION PAID? \_\_\_\_\_

BUDGET NUMBER \_\_\_\_\_

**FACULTY ONLY:** FOR TRAVEL DURING THE ACADEMIC YEAR, PLEASE LIST BELOW WHO WILL BE COVERING YOUR CLASSES AND ADVISING YOUR STUDENTS DURING YOUR ABSENCE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_