

**LIBRARIES AND INFORMATION SERVICES
TRAVEL REQUEST FORM**

NAME: _____

DATE: _____

EVENT YOU WISH TO ATTEND: _____

LOCATION OF EVENT: _____

DATE OF EVENT: _____ REGISTRATION DEADLINE: _____

ESTIMATE OF EXPENSES:

Registration Fee: _____

Transportation: _____

Miles: _____

Lodging:

Number of nights: _____

X Rate: _____

= Total: _____

Meals: \$ per day: _____

Miscellaneous: _____

TOTAL this trip _____

WILL BE APPLYING FOR T&L GRANT OR OTHER FUNDING _____ \$ _____

This event is:	
Institutional Representation _____	Required by Supervisor _____
Organizational Office _____	Professional Development _____
Job Related Course Work _____	Other _____

TOTAL AMOUNT OF RELEASE TIME REQUESTED: _____

APPROVED: _____

Immediate Supervisor

CIO/Director

Registration:

Completed on-line by attendee: _____

Registration must be accompanied by check or PO _____

Request denied _____