CS TRAVEL FORM

Faculty   Staff   UNM Student   Other - Please Specify:

NAME (as it appears on valid ID):   **DATE OF BIRTH:**

CELL/CONTACT NO. (for notifications):   **EMAIL:**

TRAVEL DATES: **DESTINATION:**

BUSINESS PURPOSE:

CONFERENCE REGISTRATION   **Conference Fee Cost:**

      Conference Name:

      On-line registration. Please contact me, my user name & password are required.

      Website Address:

      Registration is not available online, registration documents are attached.

AIRFARE

      Preferred Airline:

      Frequent Flier No

      From/To:

      Departure Date & Time:

      Return Date & Time:

LODGING   Vendor:

      Address/Location:

      Check-In Date:

      Check-Out Date:

RENTAL VEHICLE

      Pick-Up/Return Location:

      Pick-up Date & Time:

      Return Date & Time:

TOTAL ESTIMATED Travel COSTS:

INDEX NO./PROJECT:

PI SIGNATURE: **DATE:**