

**Voiland School of Chemical Engineering and
Bioengineering**
PRE-TRAVEL REQUEST

Travel Authority: _____
Office Use Only

Today's Date: _____ WSU ID: _____ Budget: _____

Traveler's Name: _____ DOB: _____

If you're flying, please list your name as it appears on the identification you use at the airport (usually passport or driver's license)

Home Address: _____

Traveler's Title: _____ Phone: _____

Email: _____

Date(s) of Travel: _____ Destination: _____

Purpose of Travel: _____

Registration fee: _____

(If applicable - attach registration materials)

Fee to be paid directly by VSCEB? Yes No

Preferred Mode of Transportation:

(Please attach preferred flight itinerary)

Airfare arranged and paid by VSCEB? Yes No

(If yes, please attach preferred itinerary)

Airline: _____ Freq. Flyer Acct: _____

Motor Pool Vehicle: Yes No Vehicle Type: _____ Pickup Date & Time: _____

Return Date & Time: _____

Rental Car: Yes No Pickup Date & Time: _____

Return Date & Time: _____

Private Vehicle: Yes No

Bus: Yes No Preferred Route: _____

Accommodations: Department personnel cannot make room reservations on your behalf. Please make the arrangements yourself but provide the name of the hotel where you will be staying. Airbnb is not allowed per WSU regulations.

Hotel: _____

Additional Information/Estimated Cost: _____

*Supervisor's Signature

Date

Print Name

*Expenditure Authority Signature

Date

Print Name

***My signature certifies that there are sufficient funds in the listed account to cover this travel.**

After completing this form, please print and obtain your departmental authorization.

Scan/email completed form to nicole_cannon@wsu.edu

OR

Bring/mail printed form to Wegner Hall 105. Zip 6515