

TRAVELER INFORMATION SHEET

PLEASE COMPLETE ALL FIELDS WHICH APPLY

**MICHIGAN STATE
UNIVERSITY**

TRAVELER INFORMATION – PRE-TRAVEL AUTHORIZATION

Last Name:		First Name:		Middle Name:	
Resident Status:		VISA Type:		Passport:	
Street Address:			Apartment/Unit #:		
City:		State:		Zip:	
Country:					
Cell Phone:		E-mail Address:		Birthdate:	
Emergency Contact Name:			Emergency Contact Phone #:		

BUSINESS PURPOSE AND OTHER

Business purpose. If on a grant account, be sure to identify how this trip supports the scope of the grant. If attending conference, add business purpose for conference.

ESTIMATED EXPENSES

Hotel:	\$	Flight:	\$	Transportation:	\$
M&IE:	\$	Program Expenses (Conference)	\$	Other:	\$
Name of Conference:					
Total Estimated Expenses:	\$				
Account(s):					
Notes:					

HOTEL INFORMATION

Hotel Name:		Hotel Dates:		Hotel sponsor of conference?	
Hotel Address:					
Room Preference:					
Notes:					

I HAVE ALREADY FOUND MY FLIGHT

Please direct bill the below flight.		Flight already booked/flight information is below:	
Date of Departure:		Date of Return:	
Cost of Flight:	\$	Airline:	
Flight #:		Departure airport:	
		Flight #:	
		Arrival airport:	

Return Departing Flight #:		Return Departure airport:		Return Arrival Flight #:		Return Arrival Airport:	
Notes:							

PLEASE LOOK UP FLIGHT OPTIONS FOR MY TRIP (COMPLETE IF YOU WOULD LIKE FLIGHT OPTIONS)

Seat Preference:	<input type="checkbox"/> Aisle	<input type="checkbox"/> Window	Dietary Needs/Food Allergies:	<input type="checkbox"/> None	<input type="checkbox"/> Vegetarian	Frequent Flyer #:	
Departure Date:				Return Date:			
Departure Flight Information:							
Departure Airport:				Destination Airport:			
Preferred Departure Time:	<input type="checkbox"/> 6am – 10am	<input type="checkbox"/> 10am – 4pm	<input type="checkbox"/> 4pm – 10pm	<input type="checkbox"/> 10pm – 6am			
Preferred Arrival Time:	<input type="checkbox"/> 6am – 10am	<input type="checkbox"/> 10am – 4pm	<input type="checkbox"/> 4pm – 10pm	<input type="checkbox"/> 10pm – 6am			
Return Flight Information:							
Return Departure Airport (if different from above):				Return Arrival Airport (if different from above):			
Preferred Departure Time:	<input type="checkbox"/> 6am – 10am	<input type="checkbox"/> 10am – 4pm	<input type="checkbox"/> 4pm – 10pm	<input type="checkbox"/> 10pm – 6am			
Preferred Arrival Time:	<input type="checkbox"/> 6am – 10am	<input type="checkbox"/> 10am – 4pm	<input type="checkbox"/> 4pm – 10pm	<input type="checkbox"/> 10pm – 6am			
Notes:							

FOR DEPARTMENTAL USE

		Completed date:	
Pre-Travel Authorization Routed <input type="checkbox"/>	Date:		
Pre-Travel Authorization Signed <input type="checkbox"/>	Date:		
Flight/Transportation Booked <input type="checkbox"/>	Confirmation#		
Registered for Conference <input type="checkbox"/>	Confirmation#		
Hotel Booked <input type="checkbox"/>	Date:		
Received Receipts from Traveler <input type="checkbox"/>	Date:		
Sent Receipts to ART <input type="checkbox"/>	Date:		
Traveler entered in International Database <input type="checkbox"/>	Date:		
Other:			
Notes:			