

School of Design & Construction Request for Travel

Procure approval from your program head before returning this form to
the Administrative Manager

Name: _____

WSU ID#: _____

Title: _____

Department: _____

Cell Phone #: _____

E-mail: _____

Address: _____

City/State: _____

Dates of Travel:

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Destination City/State: _____

Purpose of Travel:

Travel Needs:

1. Do you need a Motor Pool vehicle? **Yes** _____ **No** _____

Pick up date/time: _____ Drop off date/time: _____

2. Do you need Registration for a Conference? **Yes** _____ **No** _____ (Please provide all info, or check out Pcard)

3. Do you need a Flight? **Yes** _____ **No** _____ (Please attach preferred itinerary.)

Full legal name as it appears on your ID: _____

Date of Birth: _____ Window or Aisle seat preferred? _____

Frequent Flyer Information: _____

Program Head/Supervisor Signature _____ Limited Cost? _____

Budget coding: _____ TA#: _____