

REQUEST FOR TRAVEL

****All fields are required for processing****

Traveler Information

Name (As it appears on your DL or Passport): _____

Home Address: _____

Phone No: _____ EIN: _____ D.O.B.: ____/____/____

Email: _____ Home Unit Number: _____

Job Title: _____

Supervisor Name: _____ Phone No.: _____

IT Director/Director Name: _____ Phone No.: _____

IT Director/Director Signature: _____

Billing Information

ELCID: _____ Unit: _____ 3rd Party Reimb? Yes No If yes: Full Partial

If partial, what will be covered? _____

Event Information

Name of Event: _____ Website: _____

Registered for event? Yes No Cost for Event/Conference \$ _____

Are you presenting? Yes No Registration Deadline? Yes No _____

Transportation

Airplane (commercial) Airplane (state-owned)

Departing City: _____ Departure Date: _____ Time: _____

Arrival City: _____ Return Date: _____ Time: _____

State-Owned Auto Private Auto (Attach Air Fare/Mileage comparison from State Travel Office)

Other (specify) _____

Hotel Request

Name of Hotel: _____

Is this the conference hotel: Yes No Conference Rate: _____

Purpose of Travel & Justification – How will this benefit DTS if you attend?

PLEASE SEND THIS COMPLETED FORM TO DTSTRAVEL@UTAH.GOV