State of Utah
Department of Technology Services
1 State Office Building, Fl 6
Salt Lake City, Utah 84114

DTS
DEPARTMENT OF TECHNOLOGY SERVICES

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: _____ Job Title: _____ Campus: _____

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

IT Director/Director Signature: _____

Billing Information

ELCID: _____ Dept:_____ Fund:_____ Unit:_____ Appr:_____

3rd Party Reimbursement? ◯ Yes ◯ No If yes: ◯ Full ◯ Partial

If partial, what will be covered? ◯ Flight ◯ Hotel ◯ Incidentals ◯ Registration

Personal Travel? ◯ Y ◯ N If yes, Dates: _____ to _____

Event Information

Name of Event: _____ Event Dates From: _____to _____

Website: _____

Registered? ◯ Yes ◯ No Deadline? _____ Does DTS need to register you? ◯ Yes ◯ No

Cost for Event/Conference $_____ Are you presenting? ◯ Yes ◯ No

Transportation

Departing City/State or Airport Code: _____ Departure Date: _____ Time: Afternoon

Arrival City/State or Airport Code: _____ Return Date: _____ Time: Afternoon

◯ Airplane (commercial) ◯ Airplane (state-owned)

◯ State-Owned Auto ◯ Private Auto Trips over 100 miles each direction require Executive Director pre-approval

◯ Other (specify) _____

Hotel Request

Name of Hotel: _____

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

Conference code/website for hotel: _____

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

PLEASE SEND THIS COMPLETED FORM TO DTSTRAVEL@UTAH.GOV