

Philosophy Department R&A Request



Traveler Information	
Today's Date	
Name (as it appears on driver's license)	
Departure Address or Home	Street: _____ City/State/Zip: _____
Destination Address (Hotel or Conf. Site)	Street: _____ City/State/Zip/Country: _____
Emergency Contact	Name: _____ Phone: _____
Departure Date	
Return Date	
Personal Travel	Are you using any personal time on this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Personal Travel? _____ to _____
Purpose	<input type="checkbox"/> Meeting/Conference <input type="checkbox"/> Research <input type="checkbox"/> Recruiting <input type="checkbox"/> Other _____
Purpose and details of the travel: <i>E.g.: For a conference indicate if you will be presenting a paper, participating or attending. Include title of your paper and the dates of the conference.</i>	_____ _____ _____ _____ _____ _____ _____ _____
Class Coverage	Will Classes be missed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how will classes be covered: _____
Travel Method	<input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Personal Car <input type="checkbox"/> Rental Car
Authorization Number	Air/Train number needed? <input type="checkbox"/>
Lodging	Is the hotel at the conference site? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, must provide 3 hotels & select the cheapest
Funding	Are you requesting funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dept. <input type="checkbox"/> Dean's <input type="checkbox"/> Foundation <input type="checkbox"/> Other _____
Funding Amount	\$ _____