



T&amp;E7001

Revision Date:

08-2022

Form Revisions  
Finalized by:

Sarah Everett

**Travel Request Form**

Request Date:

**Preparer Information:** (required if form not completed by traveler)

Name:

Email Address:

Phone #:

**Traveler Information:**

Institution:

Department Name:

First Name:

Email Address:

Last Name:

Phone #:

Dates of Travel:

Preferred Method of Contact:      Email      Phone

Event City, State:

Group Travel (3 or more):

(If more than three, then pre-approval from the Agency Head/Designee is required.)

Business Purpose:

**Expenses:**

Expense Type	Description	# of Days	Estimated Amount	Paid By
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Per Diem Calculator attached?

**Total Amount:**

Is the daily room rate greater than 100% GSA	Yes	No
(If yes, Agency Head/Designee pre-approval required.)		

If yes, provide justification for the request:

Traveler:

**Additional Comments:**

Supervisor:

Budget Owner/Program Sponsor:

Agency Head/Designee: