

Pre - Travel Request Form

UCR School of Medicine

TRAVELER INFORMATION All information on form must be accurate to complete reservations

Legal First Name: *as stated on DL* _____ **Middle Name:** _____
as stated on DL

Legal Last Name: *as stated on DL* _____ **Title:** _____

Date of Birth: _____ **Gender:** Male Female

Email: _____ **Cell Phone:** _____

TSA # (if applicable) _____ **Airlines: (if applicable)** _____
Name *Flyer / Member #*

DHS Redress # (if applicable) _____ _____
Name *Flyer / Member #*

AIRFARE REQUEST

Conference / Meeting Attending: _____
Name of Conference *Dates*

Date of Departure Flight: _____ **Date of Return flight:** _____

Departure Airport: _____ **Airport Flying Into:** _____

Time Range to Depart: _____ to _____ **Time Range to Return :** _____ to _____

Airplane Preferences: Aisle Seat or Window Seat Front of Plane or Back of Plane

CAR RENTAL REQUEST

Needed **Not Needed** Car Type: Compact Intermediate

Pick-up /Drop-off to correspond with flights: Yes No Economical

(if No) Pick-up & Drop-off info: _____
Location, Date, Time *Location, Date, Time*

LODGING REQUEST

Needed **Not Needed** *Name of Hotel* *Address*

Hotel Information: _____

Check-In Date: _____ **Check-Out Date:** _____ **Room Type:** 1 Bed Single - King

Any Special Needs: _____ 2 Bed Double - Queens

REGISTRATION REQUEST If Needed: Please attach a fully completed Registration Form or Invoice from organization

Needed **Not Needed (paid by traveler)**

FAU & APPROVALS	Account	Activity	Fund	Function	Cost Center	Proj Code

FAO/ Supervisor's Name (PRINT) _____ Signature _____ Date _____

Traveler's Signature _____ Date _____

FAU Notes: _____