

GCCIS Travel Request Form

Form Completed by: _____

Today's Date: _____

Department: _____

Traveler Name: _____

(as it appears on your driver's license or passport)

Date of Birth: _____

UID#: _____

DOB & UID only required if someone else is booking your flight for you

Meeting Name: _____

Meeting Destination: _____

Name of Hotel: _____

Purpose of the trip: _____

Travel Dates: _____ to _____

Must be completed for international travel:

Is there a US State Department Travel Warning associated with your destination?

☐ No ☐ Yes- Provost Approval x _____

Passport Information (please choose one) :

☐ Copy on file in Dean's Office☐ Provide contact information for someone not traveling with you who had a copy of passport:

Name: _____

Relationship to Traveler: _____

Phone number: _____

Will you be traveling during a class you are scheduled to teach? ☐ yes ☐ no

If so, what are the arrangements to cover your course? _____

ESTIMATED COSTS

Registration	\$
Transportation/Parking	\$
Hotel	\$
Meals	\$
Other (please specify):	\$
Total	\$

Proposed Funding Source:

☐ Department ☐ Grant- Acct. Number: _____Approval of Grant Funds: x _____

(Tracy Miller)

☐ Other (please specify): _____

Acct. Number: _____

Approval of Other Funds: x _____

(Kim Shearer)

Transportation: ☐ Auto ☐ Air ☐ Other (please specify): _____**FLIGHT INFO** (if applicable) :

Departure Date: _____

Return Trip Date: _____

Departure Time: _____

Return Trip Time: _____

Departure Airport: _____

Return Trip Airport: _____

CAR RENTAL INFO (if applicable) :

Pick up city: _____

Drop off city: _____

FOR ADMINISTRATIVE USE ONLY

Unit Head Approval (for all travel) : _____ Date: _____

Dean Approval (for unit heads and all international travel): _____ Date: _____

☐ Copy to Tracy Miller

- Please familiarize yourself with the RIT travel policy found at <http://finweb.rit.edu/controller/travel/manual.html>

Updated 7/23/2015