

## **Employee Travel Request Form**

Travel arrangements should be made as far in advance as possible to obtain the best fares. Please complete this form and fax or email to Marj Schmidt. Email <a href="mailto:mschmidt@umci.com">mschmidt@umci.com</a> or fax (206) 365-1580. If you have any questions, please call Marj at (206) 368-6227.

(One form per traveler please			_ Date of Request:		
Dates of Travel: Destination:					
Job number	<del></del>	Overhead, G/	erhead, G/L Account # or Group #		
Reason for travel:				<del>-</del>	
AIR TRANSPORTATIO	<u>NC</u>				
Date Departing:	From:	To:	Preferred time:	am	
Date Departing:	From:	To:	Preferred time:	am/pm	
Date Returning:	From:	To:	Preferred time:	pm	
Seating Preference: Ai	sle	Middle	Window		
Airline Frequent Flyer Number:			Airline:	<del> </del>	
GROUND TRANSPOR Rental car needed?		Date	s needed:		
HOTEL ACCOMODAT					
Hotel needed? City/location:			Dates needed		
<u>OTHER</u>					
Comments or Special F	Requests:				
Requested by:			Phone/fax/email:		
Prefer itinerary be sent to you by:			nail □ Fax		