



REQUEST FOR TRAVEL ARRANGEMENTS

AGRICULTURAL SCIENCES EDUCATION AND COMMUNICATION

Form must be completed and submitted prior to travel

First Name: _____

Last Name: _____

Major Professor _____

Destination: _____

Purpose of Travel: _____

Date Departing _____

Date Returning _____

Purdue Rental Car Yes No

Personal Vehicle Yes No

Driver(s) _____

The above stated trip is awarded \$ _____ Account Number _____

OR please mark below which expenses will be paid and the account number

Expenses to Be Paid	Enter an X by the Covered Expense(s)	Account for Allocation
Airfare		
Hotel		
Registration Fee		
Shuttle		
Car Rental/Fuel		
Car Service		
Mileage		
Per Diem		

Name of Student (Print): _____

Additional Comments

Signature of Student: _____

Name of Advisor (Print) _____

Signature of Advisor: _____

Name of Dept. Head(print): _____

Signature of Dept. Head: _____