



## 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: \_\_\_\_\_