



**Facilities Management
Travel Information and Justification Form**

AVP Initial _____ _____

(Complete all information below for each traveler on a trip)

Travelers (include T-Number): _____

Purpose & Location of Travel: _____

Dates (Include Departure & Return times): _____

Cost of Trip		Cost Per Person	Total Cost
Air Fare Does air fare need to be booked by FM BusOps? YES <input type="checkbox"/> NO <input type="checkbox"/>	To:		
	From:		
Motor Pool Vehicle or Mileage Does vehicle need to be reserved by FM BusOps? YES <input type="checkbox"/> NO <input type="checkbox"/>	# of Miles:		
	Explain:		
Car Rental, Taxi, Shuttle, Parking, etc. Does transportation need to be booked by FM BusOps? YES <input type="checkbox"/> NO <input type="checkbox"/>	Explain:		
Meals (Those not included in registration fee)	# of Breakfasts:		
	# of Lunches:		
	# of Dinners:		
Lodging Does lodging need to be booked by FM BusOps? YES <input type="checkbox"/> NO <input type="checkbox"/>	# of Nights		
	Cost/Night		
Registration/Conference Fees Does registration need to be completed and paid by FM BusOps? YES <input type="checkbox"/> NO <input type="checkbox"/>	Registration Fee:		
	Additional Items:		
Other	Explain:		
Funding Source (account): _____		Total Trip Cost	

Attach agenda with anticipated session attendance highlighted and other pertinent information to this form