

Tiger's initials for all travels – no VP signature required

ED Initial _____



Facilities Management Travel Information and Justification Form

(Complete all information below for each traveler)

Traveler (include T-Number): _____

Purpose & Location of Travel: _____

Dates & Departure/Return times: _____

Cost of Trip	Cost Per Person	Total Cost
Air Fare Does air fare need to be booked by FMAID? YES <input type="checkbox"/> NO <input type="checkbox"/>	To:	
	From:	
Transportation Motor Pool Vehicle <input type="checkbox"/> or Facilities Truck <input type="checkbox"/> or Personal Mileage <input type="checkbox"/> Does vehicle need to be reserved by FMAID? YES <input type="checkbox"/> NO <input type="checkbox"/>	# of Miles:	
	Explain:	
Car Rental, Taxi, Shuttle, Parking, etc. Does transportation need to be booked by FMAID? 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 FMAID? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, which location? _____	# of Nights	
	Cost/Night	
Registration/Conference Fees Does registration need to be completed and paid by FMAID? YES <input type="checkbox"/> NO <input type="checkbox"/>	Registration Fee:	
	Additional Items:	
Other	Explain:	
Funding Source (account): _____	Total Trip Cost	