TRAVEL AUTHORIZATION FORM

Date of Request:	Employee Name	Department Name	Credit Card # to charge:
Course Title	Location	Date of Departure	Date of Return
Description of Course: (Explanation of Conference)			
Purpose of Trip: (Reason to attend)			

Please Make the following arrangements: (attach pertinent information, I.E. registration form, etc). ***NOTE: Request for travel arrangements authorizes Stephanie Phillips to credit my corporate card with appropriate charges.***

Please fill in all Items that apply

	**Approximate Cost
☐ **Desired Arrival Time at Destination Airport:**	
☐ **Departure Time from Conference Site Airport:**	
☐ **Airport Flying Into/Out of:** **Airline Name & Frequent Flier #:**	
1st Choice 2nd Choice (please list locations) ☐ **ACCOMMODATIONS** **Frequent Stay Hotel Name & #:**	
☐ **Profile ID #; Coupon Codes; Promo Codes:**	
☐ **RENTAL CAR (how many people)**	
☐ **Special Needs (requests)**	
☐ **Names of Traveling Parties:**	
☐ **How will this trip be paid?**	
Total Approximate Cost	

To be filled by Stephanie Phillips:

Air Itinerary

Air Line	FL#	DATE	DEPART	ARRIVE

Hotel Accommodations		Car Rental/Company Car Information	
Contact:			
Hotel:		Agency:	
Address:		Address:	
Address:		Address:	
Telephone:		Telephone:	
Conf #:		Conf #:	
Rate:		Rate:	

Effective Date 8/01/05