DATE: _____

Travel Arrangements Request Form

MEMO TO: *Melanie Raczkowski* *Approved Manager:* _____

FROM: _____ *Approved Director:* _____

Please make travel arrangements for the following individual(s):

1.) _____
(Name) *(Title)*

2.) _____
(Name) *(Title)*

3.) _____
(Name) *(Title)*

Seminar/Class Title: _____

Date(s) of Seminar: _____ *No. of Days:* _____

Location: _____

Registration Fee: _____

Please make the following arrangements for the individuals listed above:

Travel Authorization	☐	*Travel Advance*	☐
Class Registration	☐	*Reserve Dept/State Car**	☐
Payment of Class Fee	☐	*Will Drive Own Car**	☐
Hotel Registration	☐	*Arrival Date/Time*	_____
Airline Tickets	☐	*Preferred Return Date/Time*	_____
Bus/Rail Tickets	☐		

**If more than one person is attending seminar, please specify who will drive what vehicle:*

_____

Other/Comments: _____