

EMC Request for Travel Orders

Date Submitted: _____

Name: _____

Title: _____

If any portion of this trip will be reimbursed, enter name, address, and telephone number for the reimbursing agency and also a contact person.

Contact person: _____

Agency: _____

Address: _____

Telephone: _____

Email: _____

Travel Dates: Leave _____ Return: _____

Destination/Justification: _____

Departure location

(Airport/Amtrak/Other): _____

Estimated mileage from home to departure location (one way): _____

Will you:

☐ Park in garage ☐ Transportation service ☐ drop-off ☐ Other
(Specify) _____

Registration Fee (if applicable): _____

Rental Car? **Parking Rate at Destination (if applicable):** _____

Lodging: (Please provide hotel name, telephone number and the cost per night:

Funding Source: ☐ EMC Base ☐ Other (List Accounting Code Below)

If this is international travel, please attach a letter of invitation and email an electronic copy of your justification memo and country clearance cable form.

If you will be taking any personal leave during travel, please submit for leave on WebTA.

