



DAEMEN

TRAVEL REQUISITION

*****When returning from travel you MUST submit a copy of the credit card charges to Purchasing*****

Today's Date:		Dates of Travel:	
Purpose of Travel:			
Conference Name:		Destination:	
Name of employee requiring reservations:			
<i>(As per official ID:)</i>		<i>First</i>	<i>Middle</i> <i>Last</i>

HOTEL INFORMATION

PO#	Vendor#	Voucher#	Paid Date	Check#
Hotel Name:			Hotel Web Link:	
Hotel Phone:		Hotel Address:		
Check In Date:		Check Out Date:	Confirmation#	
Cost per Night:		Budget #		

AIRLINE INFORMATION (If more than 1 flight, use additional form for each flight.)

PO#	Vendor#	Voucher#	Paid Date	Check#
Airline Name:			Date of Birth:	
DEPARTURE INFO:	City:		Date:	
	Time:		Flight #:	
ARRIVAL INFO:	City:		Date:	
	Time:		Flight #:	
Confirmation #:				
Cost for Airline:		Budget #		

SIGNATURES

(1. and 2. must be signed)

1. _____
Requestor

3. _____
Athletics Compliance Officer

5. _____
Controller (Over \$1,000)

2. _____
Department Chair/Manager or next level Manager

4. _____
Grants Administration Manager (If Grant)

6. _____
VP for Business Affairs (Over \$10,000)