

TRAVEL PLANNING REQUEST FORM

We will do our best to grant your travel request.

If you have questions, please feel free to call us at 517-432-8220.

Conference BUa Y.

ncpp@egr.msu.edu

Please submit the following information with regard to your travel to/from the meeting.

First Name:

Last Name:
Title:
Department:

Organization:

Address:

City:

State:

Country:

Phone:

We are required to submit emergency contact information for every traveler. Please provide below the name and contact information for someone who can be contacted in case of an emergency during your travel with us:

Name:

Phone:

Address:

City:

Please select one of the following modes of travel to/from the meeting / event:

Driving Reimbursement will be limited to \$500 inclusive of mileage, rental car, fuel, parking and additional lodging

Air:

Rail:

Bus:

Other:

Other:

Other:

Other:

If you have researched the available flight options and would like to submit your preference, please include the flight information in the box below. We are limited by financial constraints (as are most organizations during the current economic times), and so we will explore the most economical travel that fulfills your needs. We will do our best to fulfill your request.

Flight information: