# TRAVEL ITINERARY

Name(s): _____

Travel Dates and Event Name: _____

Preferred Time of Departure: _____

Preferred Time of Return: _____

Account #: _____ (must be completed for booking to proceed)

## *TRANSPORTATION ARRANGEMENTS*

Mode of Transportation:

**Car:**          ☐ Own          ☐ Rental

                    Preferred Rental Company Location: _____

**Air:**          ☐

**Rail:**          ☐

**Bus:**          ☐

## *ACCOMMODATIONS*

Making own arrangements          ☐

Preferred Hotel Location:          _____

                                        _____

                                        _____

Confirmation # (Do not complete): _____

* Must be signed below by department budget head before bookings can proceed

Authorized by: _____          Date: _____