DEPARTMENT OF PHYSICS & ASTRONOMY Travel Request Form

Name of Traveler (First and Last):

Date:	
Check One: Employee/Faculty Student Visitor	
Date of Birth xx/xx/xxxx:	Destination:
Dates of Travel:	-
Personal Dates? Yes or No	
If yes, please indicate which dates and the reason:	
Airfare	
*Per UNM Policy, the cheapest flight will be paid and, therefore three airfare quotes must also be attached. Airline must be booked with a U.S. carrier or itinerary must note a "Code-Sharing Agreement" with a U.S. carrier for connecting flight. *	
First airline choice:	
I want to be contacted by the airline via: \Box Phone \Box Email \Box Text	
Email Address:	Phone Number:
Seat Preference: \Box Aisle or \Box Window	Frequent Flyer No:
Hotel	
*Please be advised that no incidental will be paid with a UNM Purchasing Card. Please provide the hotel with a personal credit card for incidentals. *	
Hotel Name:	Destination:
Check in date:	Check out date:
Hotel Number:	Room: \Box Single King Bed or \Box Double Queen Bed
Approvals	
Business Purpose (Reason for Travel):	
Signature of Traveler:	Signature of PI/Host:
Signature of Dept. Chair (Primarily for Faculty):	
Index:	

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