



Rowan University Travel Request

Date of Request: _____

Rowan Banner ID #: _____

Traveler Name: _____

Phone Number: _____

Rowan E-mail: _____

Reason for Travel (include club name if any; name of conference): _____

Please include one of the following: conference brochure, registration form or information printed from website - this is required!

TRAVEL INFORMATION (required)

Estimated Expense

Mode of Travel (circle one): _____ Air Train Bus Car \$

Name of Airline, Rail Service or Bus Service: _____

Departure Date (date you are leaving): _____

Return Date (date you are returning): _____

Hotel Name: _____ \$

Dates utilizing lodging: _____

Conference Location (City & State, Country): _____

Conference Registration Fee: _____ \$

Ground Transportation (taxis, shuttle, etc.) _____ \$

Mileage: _____

Please submit a Google maps print-out showing actual mileage driven by traveler and indicate one way or round trip

Total Estimated Expenses _____ \$

***If you are expecting additional funding from any university entity including medical or non-medical departments, it is the responsibility of the traveler to supply that information when submitting this travel request form.

*** If you paid with a credit or debit card, you must include a copy of the card showing your name and the last four digits of the account number. All other information can be blacked out.

***If submitting mileage please submit a Google maps print-out showing actual mileage.

COMPLETE FORM AND RETURN TO KAREN M. DAVIS, ROOM 217-AC for processing