



TRAVEL REQUEST

**Texas A&M AgriLife
Research
556 RESEARCH**

**Texas A&M AgriLife Extension
Service
555 EXTENSION**

**TVMDL
557 TVMDL**

Dept/Unit/District: _____ **Date:** _____ Request Number: _____

From: _____ **To:** _____
Travel Dates (including travel time)

Destination: **From:** _____ **To:** _____ District: _____
City State City State (AgriLife Extension)

Counties Visited (if applicable)*: _____
* County required for out of state travel

Purpose of Travel: _____

ADDITIONAL TRIPS LISTED ON SECOND PAGE OF FORM

MODE OF TRANSPORTATION:

- Private Auto
- Official Auto
- University Aircraft
- Accompanying Another Party*
- Accompanied by* _____
- Commercial Transportation (Includes Rental Car)

*Explanation required for two or more employees attending the same or similar duties: _____

EXPENSE TO BE CHARGED TO:

Account Name: _____ **Account No:** _____
Estimated Expenses: \$ _____ **Project No/Support Account:** _____

Name: _____ **UIN:** _____
Print or Type Required

Signature: _____ **Title:** _____

RECOMMENDED: _____
Supervisor

APPROVED: _____
Department Head/Resident Director

APPROVED: _____
Director/Designee

