



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:

- | | |
|--|--|
| <input type="checkbox"/> Private Auto | <input type="checkbox"/> Accompanying Another Party* |
| <input type="checkbox"/> Official Auto | <input type="checkbox"/> Accompanied by* _____ |
| <input type="checkbox"/> University Aircraft | <input type="checkbox"/> 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

