

Department

PAYMENT TO VENDOR
PAYMENT TO TRAVELER
PAYMENT TO CORPORATE CARD

PAYMENT INFORMATION

CONFERENCE / REGISTRATION FEE	OTHER
LODGING	

TRAVELER INFORMATION

NAME:	EMPLOYEE	NON-EMPLOYEE
PHONE:	US CITIZEN	NON-US CITIZEN
ADDRESS: (PLEASE INCLUDE CITY, STATE, AND ZIP CODE)		
EMAIL:		

TRIP INFORMATION

DEPARTURE DATE / TIME:	RETURN DATE / TIME:
DESTINATION:	

PURPOSE OF TRIP:INCLUDE RELEVANCE TO GRANT CHARGED**PAYMENT INFORMATION**

PAYMENT TO:	PHONE:
ADDRESS: (PLEASE INCLUDE CITY, STATE AND ZIP CODE)	
AMOUNT TO BE PAID:	
BILLING ID IF NON-EMPLOYEE USING CONEXXUS:	
DAFIS ACCOUNT TO BE CHARGED:	

AUTHORIZATION

I AUTHORIZE THE FOLLOWING CHARGES TO THE ABOVE ACCOUNT AND CERTIFY THEY SPECIFICALLY BENEFIT THE PROJECT BEING CHARGED

TRAVELER SIGNATURE:

PI SIGNATURE:

OFFICE USE

DAFIS DOC #	ACCOUNT MANAGER APPROVAL:
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