



## NCAS Travel Request Form

*Please complete every question on this form*

**Traveler's Full Name:**

**Contact Number:**

**Date of Birth:**

**Gender:**

**Purpose of Travel (ie: Conference/Event/Seminar):**

**Exact Dates of Travel:**

*\*Please state the exact date of departure and your return of your travel*

**Will a hotel be needed? (Circle one) Yes    No**

**List Three (3) Hotel Preferences:**

**Will a rental car be needed? (Circle one) Yes    No**

*\*This is for faculty and staff only*

**Estimated Expenditures:**

**1. Transportation:**

**2. Lodging:**

**3. Meals:**

**4. Miscellaneous:**

**TOTAL REQUESTED =**

**Please write any special needs or accommodations will be needed for this trip below:**

<b>Advisor Recommendation/Approval:</b>	<b>Date:</b>	<b>Name:</b>	<b>Signature:</b>
<b>Director Approval:</b>	<b>Date:</b>	<b>Name:</b>	<b>Signature:</b>

*For any questions or concerns, please feel free to contact NCAS 202.865.8678*