



Pre-Travel Request Form

Name of Employee: _____ Banner ID: _____

UNM Benefit/ Purpose:

Index Name/ Number:

Hotel:

Hotel Preference:
Hotel Address/Location:
Check In Date:
Check Out Date:
Preferences (non-smoking, king, etc.):
Estimated Amount for Hotel:

Airfare:

Name as it appears on Driver's License:
Airport Preference (if any):
Departure Date & Preferred Time:
Return Date & Preferred Time:
Seat Preference: [] Aisle [] Window
Employee Date of Birth:
Frequent Flyer Number:
Estimated Amount for Airfare:
Cell Phone or contact for airline changes

Ground Transportation:

Shuttle: [] Airport to hotel [] Hotel to Airport
Taxi: [] Yes [] No
Car Rental: [] Yes [] No
Location of Pickup / Return:
Pickup Date & Time:
Return Date & Time:
Estimated Amount for Ground Trans.:

Estimated Grand Total:

Please Provide Additional Explanation for complex travel situations:

Requester Signature: _____

Date: _____

PI/Supervisor Signature: _____

Date: _____