



**\*Please do not e-mail this form due to confidential information\***

- (1) Name \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 Credit Card Name # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Budget and Task # \_\_\_\_\_
- (2) Name \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 Credit Card Name # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Budget and Task # \_\_\_\_\_
- (3) Name \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 Credit Card Name # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Budget and Task # \_\_\_\_\_

Title of Requested Event \_\_\_\_\_

Sponsor of Training \_\_\_\_\_

Date(s) and Time/Hours of Training \_\_\_\_\_

Location of Training: (City/State) \_\_\_\_\_

VEHICLE REG	Cost of Registration (per person) _____ Registration Deadline _____ <i>Complete and Attach Registration Form</i>
	Fleet _____ Fleet Driver <input type="checkbox"/> Yes or <input type="checkbox"/> No Personal _____ (Attach Approval Form) Rental _____ Vehicle Leave: _____ Return: _____ (Date & Time) Type of Vehicle: <input type="checkbox"/> Compact <input type="checkbox"/> Mid-size <input type="checkbox"/> Full-size <input type="checkbox"/> Mini-van <input type="checkbox"/> Maxi-van <input type="checkbox"/> Other: No. of People in Vehicle: _____
	Hotel Check-in Date _____ Hotel Check-out Date _____ # Single _____ # Double _____ <input type="checkbox"/> Smoking <input type="checkbox"/> Nonsmoking Preferred Location: _____ (City, Hotel Name, Hotel Contact Information)
FLIGHT	Air Flight Leave: _____ (Date & Preferred Time Frame) (Airport Location) 5a.m.-8 a.m. 8a.m.-11a.m. 11a.m.-2p.m. 2p.m.-5p.m. 5p.m.-8p.m. 8p.m.-11p.m.
	Air Flight Return: _____ (Date & Preferred Time Frame) (Airport Location) 5a.m.-8 a.m. 8a.m.-11a.m. 11a.m.-2p.m. 2p.m.-5p.m. 5p.m.-8p.m. 8p.m.-11p.m.

ESTIMATED COST OF REQUEST \$ \_\_\_\_\_

Signature of Traveler \_\_\_\_\_ Date of Request \_\_\_\_\_

**APPROVALS & DATE**

- 1. Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_
- 2. Director: \_\_\_\_\_ Date: \_\_\_\_\_

*Credit Card information is required only if you are requesting hotel accommodations. This information is to hold the room until the time of check in. At that time, you have the option of presenting a different method of payment.*

SRFC (r) \_\_\_\_\_ (c) \_\_\_\_\_ (e) \_\_\_\_\_  
 VRES # \_\_\_\_\_ DBAF# \_\_\_\_\_ IDCC \_\_\_\_\_

**INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED**