

Travel Request Form Space Science and Engineering Center

SSEC Travel Dept. 1225 W Dayton St Madison, WI 53706

Phone: 608-263-3037 E-mail: travel@ssec.wisc.edu

NAME:		
DESTINATION:		
DEPARTURE DATE:	RETURN DATE:	
PURPOSE OF TRIP:		
PERSONAL DATES:	No: □ *Yes: □ *Dates:	*If self-booking with personal dates, obtain <u>Business Only Cost Comparison</u> dated same day as booking either via
PROJECT NUMBER(S):	Concur or contact an agent at: Fox
OTHER FUNDING:		NO EXPENSES: □
PI/PM APPROVAL SI	GNATURE:	
ADMINISTRATIVE D	RECTOR APPROVAL:	
I would like SSEC tra	vel to make arrangements for my:	☐ Flight ☐ Hotel ☐ Car ☐ None
* I acknowledge	that in self-booking travel I am responsi	ible for following UW Travel Policies
Please complete a	ll for which you would like the Travel D	epartment to arrange your travel:
	·	
FLIGHT: notes:		
DEPART MADISON	or ARRIVE DEST	INATION BY
DEPART DESTINAT	ION or ARRIVE	MADISON BY
HOTEL: notes:		
motel. notes.		Conference Hotel: Yes No
Preferred:		Phone:
		Phone:
		r none
RENTAL CAR: notes	:	

Trip Number:

Division of Business Services Travel Planning & Booking



Concur Website

