

**KETTERING UNIVERSITY
TRAVEL CONTACT**

Employee Name: _____

Departure Date: _____ Return to Work Date: _____

Destination: _____

Business Purpose: _____

TRAVEL ARRANGEMENTS

From:	To:	Circle One: Airline / Car / Other <small>(if other, describe)</small>	IF Air Flight #:	Time of Departure:	Time of Arrival:
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LODGING ARRANGEMENTS

Name:	City/State:	Phone#:	Dates of Lodging:	Confirmation#:
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EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Relationship to Employee: _____

APPROVALS

Supervisor: _____ Date: _____

Vice President: _____ Date: _____