



University of Pittsburgh

PROCEDURE 05-07-01

BUSINESS TRAVEL REQUEST

Do not complete shaded areas.
Please type or print clearly.

TRAVELER'S NAME	DEPARTMENT AFFILIATION	NAME OF TRAVEL AGENCY
PREPARER	PHONE NO.	ROOM/BLDG.
TRAVEL PURPOSE		

APPROVED TRAVEL AGENCY						
DESTINATION				TRAVEL DATES (From-To)		
MISCELLANEOUS INFORMATION						
MOTOR POOL FLEET RENTAL						
PICK-UP DATE		DROP OFF DATE		VEHICLE TYPE		
DISTRIBUTION						
ACCOUNT NUMBER						AMOUNT

DEPARTMENTAL APPROVAL		
ADMINISTRATOR'S NAME (Print)	ADMINISTRATOR'S NAME (Sign)	APPROVAL DATE