

FY

Date

Form B -Traveler's Itinerary

This form must be submitted to vice president/area administrator PRIOR to departure.

Section I: Traveler Information

| | | | | | |
|--------------|----------------------------|-----------------------------|----------------------|----------------------------|----------------------|
| Name | <input type="text"/> | Employee ID | <input type="text"/> | Collective Bargaining Unit | <input type="text"/> |
| Title | <input type="text"/> | Department | <input type="text"/> | Telephone No. | <input type="text"/> |
| Email: | <input type="text"/> | Dates of Travel | <input type="text"/> | | |
| Destination: | City: <input type="text"/> | State: <input type="text"/> | Zip Code: | <input type="text"/> | |

Section II: Contact Information

| | |
|---|----------------------|
| Contact number during travel (i.e. cell number) | <input type="text"/> |
| Personal Emergency Contact Information | <input type="text"/> |

Section III: Trip Information

| | | | |
|--------------|----------------------|-------------------------|----------------------|
| Type of trip | <input type="text"/> | Purpose/reason for trip | <input type="text"/> |
|--------------|----------------------|-------------------------|----------------------|

Day to Day Itinerary
Attach additional
sheet if needed.

Flight/Other
Transportation
Information*

*Copy of flight itinerary may be attached.

Hotel Name

Hotel Address

Hotel Arrive Hotel Depart Hotel Phone

NOTE: If multiple hotels, attach complete listing showing dates at each and hotel information.

Signature

Traveler _____ Date Field

The traveler must promptly notify his or her vice president/area administrator if travel plans change.

Distribution: Vice President/Area Administrator (original); Traveler, Supervisor

12.22.2022