

CRx Travel Authorization – Guest Speaker

Date: _____ Department: _____

Full Traveler Name: _____ WSU ID: _____
(As appears on passport or Driver's License) (leave blank if unknown)

Resident _____ Other _____

Address: _____

City / ST / ZIP _____

Travel Description:

Date	Time	City	State
		Depart:	
		Return:	

Travel Purpose:

Title of Presentation: _____	Course #: _____
Date of Presentation: _____	IOR Name: _____

Preferred Airline	Seating (Aisle/Window)	Preferred Departure Time	Preferred Return Time

Estimated Costs:

(We can assist with costs, reservations and budget numbers)

Lodging	\$ _____ /night	Airfare	\$ _____ (Not To Exceed)
Hotel Name:	_____	OR Personal Auto:	
Meals	\$ _____	Miles	_____
Speaker fee	\$ _____	Rate	_____
Misc/Other	\$ _____	Cost	\$ _____
		Rental Car or Taxi	\$ _____
Estimated Total \$ _____			
Account Distribution:			
	Budget	Project	Amount
Ln 1			
Ln 2			

IOR/PI Approval:

Print name _____ Signature _____ Date _____

Approving Official		
Print name _____	Signature _____	Date _____