



Department of Pharmacotherapy Guest Speaker and Travel Authorization

Today's Date: _____

Course Information: (IOR to complete)

Pharmacy Course and #: _____	IOR Name: _____
Presentation Date: _____	Time: _____

Speaker and Traveling Information: (IOR/Speaker to complete)

<input type="checkbox"/> WSU - ID#: _____	<input type="checkbox"/> Resident: _____	<input type="checkbox"/> Other: _____
Full legal name: _____		Primary Phone #: (____)-____-____
Date of Birth: ____-____-____		Travel Phone #: (____)-____-____
Mailing address: _____		Email: _____
Travel Details: Fill in and check all that apply (DOP staff will arrange all flights and lodging)		
<input type="checkbox"/> Driving	<input type="checkbox"/> Flying	<input type="checkbox"/> Round-trip <input type="checkbox"/> One-way
From - City/ST: _____	To - City/ST: _____	
Departing Date & Time: _____	Returning Date & Time: _____	
Preferred Airline: _____	Mileage Plan Number: _____	
Seating:		
<input type="checkbox"/> Aisle	<input type="checkbox"/> Window	
Travel Requirements:		
<input type="checkbox"/> Lodging	<input type="checkbox"/> Meal(s)	<input type="checkbox"/> Speaker Fee \$ _____
<input type="checkbox"/> Parking	<input type="checkbox"/> Other _____	

Estimated Costs: (DOP staff can help to complete, if needed)

Lodging: \$ _____	Airfare: \$ _____	Total Miles: _____
Meal(s): \$ _____	Rental Car: \$ _____	Mileage Rate: <u>.54</u>
Speaker Fee: \$ _____	Taxi: \$ _____	Cost: \$ _____
Misc/Other: \$ _____		
Account Distribution:		
Budget #: _____	Estimated Total: \$ _____	

Approving Signatures:

IOR: _____

Chair: _____

Date: _____

Date: _____