

HARVEY MUDD COLLEGE – ENGINEERING CLINIC

TRAVEL REQUEST FORM

*** DEADLINE:** Please submit request as soon as possible or within 3 weeks of travel.

Name: _____ Date: _____

Clinic Team: _____

Faculty Advisor: _____

Purpose of Travel: _____

Name(s) of those traveling (correct spelling), sex, birth dates(mandatory), & cell phone numbers:

☐ **AIR TRAVEL:**

Destination Airport: _____

Date of OUTBOUND Travel: _____ Time-frame for outbound travel: _____

Date of RETURN Travel: _____ Time-frame for return travel: _____

OR

(Optional) Preferred travel itinerary:

Outbound: Airline _____ FLT# _____ DEP _____ ARV _____

Return: Airline _____ FLT# _____ DEP _____ ARV _____

* NOTE: Preferred travel itinerary is not guaranteed.

☐ **LODGING:** _____ Rate Code: _____

☐ **CAR RENTAL:** _____ (for discount rates)

☐ **SHUTTLE:** _____

Advisors Approval: _____ Date: _____

Attach additional info. if needed.

Turn in to Clinic Staff in the Engineering Office