



Department of Statistics
Guest Travel Form

Name: _____

DOB: _____ Gender: [] Male [] Female *Redress #: _____

Mailing Address: _____

Contact Phone#: _____

Email Address: _____

HOTEL ARRANGEMENTS

Check-In Date _____ Check-out Date: _____

AIRFARE ARRANGEMENTS

Frequent Flyer Airline/ # _____
(if applicable)

[] No Preference or

Seating Preference: [] Window [] Aisle [] Front [] Middle [] Rear

If you have a preferred flight plan, please send a screen shot of the itinerary along with the form.

If no itinerary is attached, please complete the following information:

From: _____ Leave _____ Time _____
(City Name or Airport)

To: _____ Return _____ Time _____
(City Name or Airport)

*The Department of Homeland Security's Travel Redress Inquiry Program (DHS-TRIP) is a single point of contact for individuals who have inquires or seek resolution regarding difficulties they experience during their travel screening at transportation hubs - like airports and train stations - or while crossing U.S. borders. These could include persons who are:

- Denied or delayed airline boarding
• Denied or delayed entry into and exit from the U.S. at a port of entry or border checkpoint
• Continuously referred to additional (secondary) screening
• To learn more or apply for a Redress number, visit the TRIP website at www.dhs.gov/trip

For Office Use Only:

Host's Name: _____

Reason for Visit: _____

FOAP for department to charge fees to:

Name: _____

Fund _____ Organization _____ Account _____ Program _____

Hotel Confirmation Emailed to Guest: [] Airfare Itinerary Emailed to Guest: []

T-card submitted in TEM: [] Guest Reimbursement Submitted in TEM: []