

**Form Instructions**

**Appendix A: HF Travel Request Form**

Name: Affiliation: Departure Date: Return Date:

Business Purpose (who, what, when, where, why):

PI or Supervisor's Name (person who authorizes this travel): Funding Source:

Does this travel involve data/information/sample collection research at a non-Harvard-owned property? No Yes\*  
\* If yes, and this travel is funded by NSF, PI is required to complete Safe and Inclusive Working Environment Plan.

Airfare	Anticipated Cost:
Lodging	Anticipated Cost:
Meals	Anticipated Cost:
Ground Transportation	Anticipated Cost:
Registration	Anticipated Cost:
Other (describe below)	Anticipated Cost:

**Total Anticipated Cost:**

Additional Details (from above and/or other expenses; explain special circumstances; include link to agendas/schedules if applicable):

**TRAVEL ARRANGEMENTS:**

Do you need travel arranged for you? This applies to non-benefitted positions and travelers without a travel card. No Yes\*  
\* If yes, please fill out the HF Travel Arrangement Request Form.

**Internal Use Only**

Approved?	Fund Name/Nickname:	Budget Amount:	International?	No	Yes
No Yes			Fly America Act?	No	Yes
Initials:	Coding:	Per Diem:	Open Skies?	No	Yes
			SAI on file?	No	Yes

Comments: