

Student & Guest Pre-Travel Request <i>UNC Chapel Hill</i> <i>Gillings School of Global Public Health</i>	Date:	
	Name*:	
	Email:	
	Phone:	
	DOB:	

**as it appears on your travel document*

Affiliation (student or guest):		PID/VID (if known):	
Have you been paid/reimbursed by UNC before?			
Students and guests who have not been paid by UNC must fill out a Direct Deposit form . Guests will need to fill out a W-9 and be set up as a vendor. Guests who know they have been paid before can indicate their vendor identification number (VID) if known. Otherwise, we will find it for you.			

Travel Dates:		Travel Location:	
Departure Airport Code:		Destination Airport Code:	
Travel Purpose:			

Flight: Paid for by UNC. Can be reimbursed, but not recommended. Include flight date, airline(s), and full schedule, as well as estimated cost. Preferred flights can be attached as a document, but please indicate cost below.	
Preferred Departure:	
Preferred Return:	
Total Estimated Cost:	
Frequent Flyer #:	
KTN #:	

Hotel: Can be paid by UNC or reimbursed. Always recommended to get conference prices, if possible. If non-hotel lodging is needed, a special form must be submitted with reasoning for the decision.			
Number of Days:		Preferred Location:	
Daily Rate:		Estimated Cost:	
Hotel Name:		Rewards #:	

Registration: can be paid by UNC or reimbursed.			
Organization:		Due Date:	
		Cost:	

Funding Information:

Project/Fund:		PI/PD*:	
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**PI/PD approval is required before purchase can be made. Please attach to this form.*

CFS: For use by Administrative Staff. If not known, type project/fund above and leave this field blank							
Fund	Source	Department	Project ID	Program	Cost Code 1	Cost Code 2	Cost Code 3