

Agricultural Development in the American Pacific (ADAP) Project Travel Request Form

Name of Traveler:		Date:		
Title:	Name of Proje	Name of Project:		
Are you a: (Check one	e that apply)	Scholarship	Student	Consultant
UH Employee	Bargaining Unit (BU) of UH Employee:			
Institution:	Citizen of:		Social Security #:	
Phone:	Fax:		E-mail:	
Justification/Purpose c	of Travel (Please make su	ure it is in line with	your projec	t's Plan of Work):

Please attach airline itinerary (or flight options if Home Office assistance is needed) *Please answer the following:*

1. Airline Ticket Needed: Yes/No	4. Per Diem In Advance: Yes/No			
2. Pre-Paid Ticket Advance(PTA) Needed: N	Yes/No 5. Lodging Needed: Yes/No			
3. Travel Per Diem Needed: Yes/No	6. Preference:			
<i>Credit Card Information (for hotel and/or car r</i> Name on Card:	,			
Card Type/Number/Expiration Date:				
Project Number: Budget Category: (Airfare/Per Diem/Ground Transportation)				
	Rev. 11/02			