

UCR	ACCOMMODATION REQUEST FORM - NON EMPLOYEE				
Date of Request:		Department:		Requestor:	
PURPOSE OF TRIP:					

Above information to be filled out by UCR Employee

TRAVELER INFORMATION

PLEASE FILL OUT THE ITEMS BELOW AND SUBMIT YOUR FLIGHT ITINERARY SHOWING FORM OF PAYMENT. AIRFARE TO BE BOOKED AND PAID FOR BY THE TRAVELER. PLEASE EMAIL TO ALEXIS.TALPASH@UCR.EDU OR FAX ITINERARY TO 951-827-4294

NAME	
ADDRESS	
CITY/STATE/ZIP	
EMAIL ADDRESS	
CONTACT PHONE NUMBER	
FAX PHONE NUMBER	

Arrival & Departure Information

NOTE: For foreign travel please contact travel coordinator BEFORE booking flight

AIRPORT / AIRLINE:					
ARRIVAL DATE		Flight No.		Time:	
DEPARTURE DATE		Flight No.		Time:	

Hotel and shuttle arrangements will only be booked AFTER receiving the above information

DO YOU REQUIRE A HOTEL:	YES		NO		HOTEL NAME:	
If yes, CHECK-IN DATE:		Day of Week			(DD/MM/YEAR)	
If yes, CHECK-OUT DATE:		Day of Week			(DD/MM/YEAR)	
	No. of Rooms		Guests per Room			

Note: if more than one guest per room, traveler may be responsible for extra charge for that guest

**UCR CONTRACTS WITH THE FOLLOWING HOTELS: 1) MISSION INN (includes complimentary shuttle)
2) MARRIOTT (requires separate shuttle) and 3) DYNASTY SUITES (requires separate shuttle)**

DO YOU REQUIRE A SHUTTLE:	NO		YES		Express Shuttle 800-427-7483
AIRPORT:	ONTARIO		LAX		OTHER

Below Items to be filled out by UCR Travel Coordinator

HOTEL NAME:		PURCHASE ORDER NO:	
SHUTTLE		PURCHASE ORDER NO:	
AIRFARE		PURCHASE ORDER NO:	

FAU'S TO BE CHARGED	Account	Activity	Fund	Function	Cost Center	Project Code	Amount
FAU #1							
FAU #2							