

**PAYMENT TO VENDOR
 PAYMENT TO TRAVELER
 PAYMENT TO CORPORATE CARD**

Department

PAYMENT INFORMATION	
CONFERENCE / REGISTRATION FEE	OTHER
LODGING	

TRAVELER INFORMATION		
NAME:	EMPLOYEE	NON-EMPLOYEE
PHONE:	US CITIZEN	NON-US CITIZEN
ADDRESS: (PLEASE INCLUDE CITY, STATE, AND ZIP CODE)		
EMAIL:		

TRIP INFORMATION	
DEPARTURE DATE / TIME:	RETURN DATE / TIME:
DESTINATION:	

PURPOSE OF TRIP:
<u>INCLUDE RELEVANCE TO GRANT CHARGED</u>

PAYMENT INFORMATION	
PAYMENT TO:	PHONE:
ADDRESS: (PLEASE INCLUDE CITY, STATE AND ZIP CODE)	
AMOUNT TO BE PAID:	
BILLING ID IF NON-EMPLOYEE USING CONEXXUS:	
DAFIS ACCOUNT TO BE CHARGED:	

AUTHORIZATION
I AUTHORIZE THE FOLLOWING CHARGES TO THE ABOVE ACCOUNT AND CERTIFY THEY SPECIFICALLY BENEFIT THE PROJECT BEING CHARGED
TRAVELER SIGNATURE:
PI SIGNATURE:

OFFICE USE	
DAFIS DOC #	ACCOUNT MANAGER APPROVAL: