

## **MATERIALS SCIENCE AND ENGINEERING TRAVEL FORM**

## VISITORS / MSE CANDIDATES / COLLOQUIUM SPEAKERS

\*\*\* BE SURE TO FILL OUT THIS FORM COMPLETELY. \*\*\*

Once this form is fully completed, e-mail it to the travel coordinator for processing.

Be sure to include the visitor's e-mail contact information so the travel coordinator can contact them directly for final travel arrangements.

<b>VISITOR INFORMATION</b> (to be filled in completely by visitor)	
Full Name (as shown on government-issued ID):	Gender: 🗌 Male 🗌 Female
Date of Birth (MM/DD/YYYY):	Phone Number:
Position Title (ex: Professor, RA):	Email:
Travel Destination (city, state, country):	Visit Dates (MM/DD/YY): to
Employer/Organization:	US Citizen or Permanent Resident Alien: 🗌 Yes 🗌 No
Permanent Mailing Address:	
Please attach a copy of the abstract and bio for lectures.	
Fught	
Will this visitor need a flight reservation (paid by department funds)?	
*Please send a screenshot of your preferred flight schedule.	Frequent Flyer #:
Seat preference: Window Aisle Middle L	Location preference:
Additional Comments and Details	
TRAVELER SIGNATURE:	DATE:
<b>SPONSOR INFORMATION</b> (to be filled in completely by sponsor)	
Sponsoring UTD Professor's Name:	Cost Center <b>(REQUIRED)</b> :
This visitor is a: 🗌 Invited Researcher 🛛 MSE Candidate 🗌 Colloquium Speaker 🗌 Other:	
Will this visitor receive an honorarium? 🗌 Yes 🗌 No Amount:	
Will this visitor be sponsored by an outside organization? If so, who:	
ΗΟΤΕΙ	
Will this visitor need a hotel reservation? Yes No	Paid by UTD or visitor?
TRANSPORTATION	
This visitor will need a: 🗌 Rental Car 🗌 Taxi 🗌 Airport Shuttle 🗌 None	
Will this visitor need a GPS for their rental car?  Ves  No	Paid by UTD or visitor? 🗌 UTD 🗌 Visitor
<b>C</b> ONFERENCE <b>R</b> OOM	
Will you need a conference room reserved for this visitor?	Yes* No *If yes, please provide the information below.
Date: Time:	to
Which conference room do you prefer? 🗌 the Seminar Room (NSERL 3.204) 🗌 Other:	
Will this meeting/lecture require food service?	
If yes, please specify:	
Additional Comments and Details	
DEPARTMENT AUTHORIZATION:	DATE: