



Friends Research Institute, Inc.
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Baltimore, MD 21201
(410) 837-3977 FAX (410) 752-4218

TRAVEL REQUEST

DATE OF REQUEST: _____

NAME: _____ DEPARTMENT: _____

PURPOSE OF TRAVEL: _____

DESTINATION: _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

FUND OR ACCOUNT TO BE CHARGED: _____

REQUEST FOR ADVANCE: (Complete this section only if you wish to receive a check in advance of your date of departure.)

AMOUNT REQUESTED \$ _____ Mail Check to: _____

Notify For Pick-Up: _____

SIGNATURE OF TRAVELER: _____ DATE: _____

APPROVALS:

PRINCIPAL INVESTIGATOR: _____ DATE: _____
 (For grant supported travel)

ADMINISTRATIVE DIRECTOR: _____ DATE: _____

FINANCIAL ADMINISTRATOR: _____ DATE: _____

AUTOMOBILE RENTAL REQUESTED: YES NO