TRAVEL REQUEST

Planning, Development, and Dissemination (202) 651-5855 TTY/V
Laurent Clerc National Deaf Education Center (202) 651-5857 FAX

Traveler's Name_____ Telephone_____

Address_____ City/State_____

KDES ☐ MSSD ☐ GALLAUDET ☐ NON-GALLAUDET ☐

Destination (School/Agency)_____

Location (City, State)_____

Traveler's Role: ☐ Participant ☐ Presenter ☐ Consultant ☐ Exhibitor ☐ Other

Purpose _____

Actual Date/Time of Event: From: Date_____Time_____To: Date_____Time_____

Day/Time of Travel Preference:
Departure: Date_____Time_____ Return: Date_____Time_____

Mode of Travel: (check all that apply)
Airport: ☐ National ☐ BWI ☐ Dulles ☐ Other _____
Frequent Flyer Number with Airline: _____
Car: ☐ Own ☐ Gallaudet ☐ Rental
Train: ☐ Union Station ☐ Other _____

Hotel Reservations Needed: ☐ Yes ☐ No Hotel _____
Hotel Telephone_____
☐ Single Room ☐ Double Room ☐ ADA Kit

Travel Advance Requested: ☐ Yes ☐ No (If yes, check appropriate items)

☐ Lodging # of_____Nights	$_____
☐ Meals ($42.00 a day)	$_____
☐ Ground Transportation	$_____
☐ Other:_____	$_____
Total	$_____

Special Request Information: Meals_____ Seating_____ Other_____

Comments _____

_____

_____

For PDD Use: **Contact Person:** _____

☐ PDD Training – 3200 ☐ PDD Research – 2005 ☐ PDD Strategic –3401
☐ PDD Director –5905 ☐ Other

Reimbursement: **☐ Full** **☐ Partial** _____ **☐ None**
(Specify)