



## CHANNEL ISLANDS TRAVEL (CIT) REQUEST FORM

CIT # Issued:

Traveler's Name:	Department / Division:
Phone:	E-Mail:
Date(s) of Travel:	
Location(s) of Travel:	
Accounting String To Be Charged:	

Which type of expenses will be Direct Billed  
to the campus?

Airfare

Car Rental

Shuttle

SRI Transport

Conference / Registration

Workshops / Training

Will you be requesting a lodging exception? \*

Yes

No

If yes, please explain below:

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\* A lodging exception is required for amounts exceeding \$275/night, excluding taxes.

For Procurement Use Only

Processed by:

Date / Time: