



State University of New York

Upstate Medical University

TRAVEL REQUEST FAX FORM

DATE _____

ATTN: _____

FAX TO: BTI The Travel Consultants
315-472-2310

Phone: (315) 472-7737
(800) 472-7447

FROM: _____ PHONE: _____ FAX: _____

Email: _____

TRAVELER'S NAME: _____

AUTHORIZATION: _____

CONTROL NUMBER, STATEMENT INFO: _____

PURPOSE OF TRAVEL: _____

AIR REQUIREMENTS

<i>Date</i>	<i>From</i>	<i>To</i>	<i>Depart</i>	<i>Arrive</i>	<i>Special Requests</i>

ESTIMATED COST: _____

CAR REQUIREMENTS

<i>City</i>	<i>Arrive</i>	<i>Depart</i>	<i>Type</i>	<i>Special Requests</i>

ESTIMATED COST: _____

HOTEL REQUIREMENTS

<i>City</i>	<i>Arrive</i>	<i>Depart</i>	<i>Hotel</i>	<i>Room Type</i>

ESTIMATED COST: _____

Delivery Instruction:

Additional Requirements _____

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