

# TRAVEL INFORMATION SHEET

**MICHIGAN STATE  
UNIVERSITY**

## INFORMATION

Name as it appears on government issued ID and/or passport					
Last Name		First Name		Middle Name	
Resident Status	US Citizen	VISA Type	N/A		
Street Address					Apartment/Unit #
City		State or Country		Zip	
Date of Birth					
Cell Phone		E-mail Address			
Emergency Contact Name			Emergency Contact Phone #		
Preferred Airports (Top 3)					
Preferred Departure Time (coming to Campus): <input type="checkbox"/> 6am – 10am <input type="checkbox"/> 10am – 4pm <input type="checkbox"/> 4pm – 10pm <input type="checkbox"/> 10pm – 6am					
Preferred Departure Time (leaving Campus): <input type="checkbox"/> 6am – 10am <input type="checkbox"/> 10am – 4pm <input type="checkbox"/> 4pm – 10pm <input type="checkbox"/> 10pm – 6am					
Seat Preference	<input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> None		Frequent Flyer Number(s)		
Dietary Needs/ Food Allergies					

## FOR DEPARTMENTAL USE

Completed

Reason for Travel			
Host		Dates of Visit	
<b>Check List:</b>		<b>Notes:</b>	
<input type="checkbox"/> Hotel Booked <input type="checkbox"/> Flight/Transportation Booked <input type="checkbox"/> Send Schedule to ART Office and FO <input type="checkbox"/> Collect Receipts for ART Office (if necessary) <input type="checkbox"/> Send Receipts to ART Office (if necessary)			