



SUPPLEMENTAL TRAVEL INFORMATION

To be completed and submitted to Department Secretary with Travel Authorization Request

Date:	
Name:	Destination:
Departure Date:	Return Date:

CONTACT INFORMATION
Name of Emergency Contact Person:
Phone: Cell:
e-mail:

HOW/WHERE YOU CAN BE CONTACTED IN CASE OF EMERGENCY
Location:
Phone: Fax:
e-mail:

COMMITTEE RESPONSIBILITIES:
Person Responsible in your absence:

TEACHING RESPONSIBILITIES

Class: Days:
Person Responsible in your absence:
e-mail:
Office Hours:
Special Instructions:
2nd Class (if applicable): Days:
Person Responsible in your absence:
e-mail:
Office Hours:
Special Instructions: