Required Approval Form for Travel/Flight Accommodations
Center for Theoretical Biological Physics
Rice University

TRAVELER INFORMATION

First Name: ____________________________ Middle Name: ____________________________

Last Name: ____________________________ Date of Birth: ____________________________
Required for airfare purchase made by CTBP Staff

Home/Cell Phone #: ____________________________ Business Phone #: ____________________________

Email Address: __________________________________________________________________________

Dates of Travel: ________________________________________________________________________

EVENT REGISTRATION

Does this event have “early-bird” registration fee? YES or NO (circle one)
Is this event LOCAL (no airfare needed)? YES or NO (circle one)

AIRFARE (purchase or reimbursement of airfare MUST be on U.S. Carrier ONLY)

• Airfare To Be Paid: □ by traveler (out of pocket, to be reimbursed) - OR - □ by CTBP

• Traveler has read and understands the CTBP Travel & Per Diem Policy? (ask for copy if needed)
YES or NO (circle one)

• Traveler has received (prior to purchase) final approval from:
  □ Colleen Morimoto □ Kimberly M'Carver □ Margie Dieter □ Gaby Paramo

• Lodging
  □ I am a graduate student and I will be sharing a room with ____________________________.
  □ I am a postdoc.

Business Purpose of Travel: Must include name of event, event dates, location and reason for attending
(ex. “to participate in name of event”, or “present a talk/poster at the name of event”, etc.)

_________________________________________________________________________________________________________________________

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_________________________________________________________________________________________________________________________

PI/Faculty Name: ____________________________ PI/Faculty Signature*: ____________________________

* We must have a faculty signature, prior to making the reservation.

CTBP Administrative Use Only: Charge to Fund/ORG: ____________________________