



**ROTARY INTERNATIONAL TRAVEL SERVICE (RITS)
TRAVEL REQUEST FORM**

PASSENGER NAME: _____ **DATE OF BIRTH:** _____
(if senior discount may apply)

SPOUSE NAME (if traveling): _____ **DATE OF BIRTH:** _____
(if senior discount may apply)

PHONE: (home) _____ **(business)** _____ **E-MAIL:** _____

FAX: _____ **TODAY'S DATE:** _____

PURPOSE OF TRAVEL: _____ **MEETING DATES:** _____

COST CENTER _____ **ACCOUNT NUMBER** _____ **ANALYSIS CODE** _____

STAFF LIASON _____

AIR TRAVEL

DATE mm/dd/yy	DEPARTURE CITY	DESTINATION CITY	PREFERRED DEPARTURE TIME	PREFERRED ARRIVAL TIME

HOTEL

(not necessary to complete for committee meetings held in Evanston or District Conferences)

CITY	CHECK-IN DATE	CHECK-OUT DATE	SPECIAL REQUESTS

CAR

DATES	PICK-UP LOCATION	RETURN LOCATION	CAR SIZE

PERSONAL TRAVEL REQUESTS: _____

ADDRESS TO WHERE TICKETS SHOULD BE SENT (RITS will not deliver tickets to PO Boxes): _____

FREQUENT FLYER OR HOTEL MEMBERSHIP NUMBERS: _____

SPECIAL NEEDS (Meals, Airport Assistance, etc.): _____