

Visitor Form

VISITOR SECTION		
VISITOR INFORMATION		
First Name:	Last Name:	
Phone:	Email:	
Permanent Mailing Address:		
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what country?	Visa Status:
Dates of Travel:	Home Institution:	
Business Purpose for Travel (please provide a detailed description):		
EMERGENCY CONTACT		
First Name:	Last Name:	
Phone:	Email:	
HOST SECTION		
TRAVEL ARRANGEMENTS		
Name of Host:		
Lodging reserved by department? Yes <input type="checkbox"/> No <input type="checkbox"/>	Lodging preference?	
Airfare Direct Billed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Airfare preference?	
Office space needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
REIMBURSEMENT REQUEST INFORMATION		
Account(s) to be charged:	Limit: \$	
Consulting/Speaker Fee (must provide signed invoice): \$		
Are any meals being paid for by a MSU employee? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide receipts)		
Reimburse meals per diem? Yes <input type="checkbox"/> No <input type="checkbox"/> (Minus meals paid for by MSU employee)		
Reimburse: Airfare <input type="checkbox"/> Mileage <input type="checkbox"/> Train <input type="checkbox"/> Car Rental <input type="checkbox"/> Bus <input type="checkbox"/> Taxi Parking/Tolls <input type="checkbox"/> Lodging <input type="checkbox"/>		
OFFICE USE ONLY		
Lodging Location:	Shuttle/MI Flyer:	
Travel Authorization Complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	PSC Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vendor edoc #:	Vendor ID #:	
Notes/Special Instructions:		