



SPEAKER INFORMATION FORM

Please submit completed form by August 27, 2010

Please complete with information as you would like for it to appear in event materials. Please print PDF, complete, and fax to 803-777-5827. The information requested is required by our University in order to process travel paperwork to pay for expenses associated with your travel to this event. If you have any questions or concerns about travel or reimbursement, please contact Beth Hendrix at 803-777-8058.

Full name _____ First name for name tag _____

Please provide name as you would like it to appear on travel reimbursement check.

Title/Institution _____

Mailing address _____

street city state zip

Daytime phone () _____ Email _____

Cell phone when traveling to event (in case we need to reach you) _____

Date/Time of departure for Columbia _____ City of departure _____

Date/Time of arrival in Columbia _____ Airline or driving? _____

Date/Time of departure from Columbia _____ Airline or driving? _____

Are you a U.S. Citizen (required for travel paperwork) Yes No

Anticipated cost of your travel: \$ _____ (Per diem is \$32 per day for food; \$7 breakfast, \$9 lunch, \$16 dinner)

Original receipts are required to process reimbursement. Be sure the airline receipt shows the itinerary and the total cost of the flight.

Do you plan on attending the Speaker Dinner on Thursday, October 14 at 6 p.m.? Yes No

I require special assistance due to physical or dietary restrictions.

Please tell us how we may be of assistance: _____

for office use only

RCD TA# TAAMT RECEIPTS RCD TRV DATE TRV AMT