

**UOS EMPLOYEE TRAVELER INFORMATION FORM**

**General Information**

_____ Last Name	_____ First Name	_____ MI	_____ Harvard ID #
_____ UOS Department Name			
_____ Work address		_____ City, State	_____ Zip
_____ Home address		_____ City, State	_____ Zip
_____ Telephone - Home	_____ Telephone- Work	_____ Telephone - Mobile	
_____ Email Address		_____ Fax	

**Travel Preferences - Air**

Seat Choice:	_____ window	_____ aisle	_____ no preference	_____ (circle one)
Frequent Flyer Program				FF Number
_____				_____
_____				_____
_____				_____

**Travel Preferences - Hotel**

Room Type:	_____ double	_____ king	_____ (circle one)	
	_____ non-smoking	_____ smoking	_____ (circle one)	
Frequent Guest Program				FG Number
_____				_____
_____				_____

**Travel Preferences - Car**

Preferred Car Size: _____	_____ smoking	_____ non-smoking	_____ (circle one)
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**Additional comments or requests:**

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**Please contact Lara Adams or Clarissa Markiewicz with questions or to book travel.**

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