

**California State University, Northridge
College of Health & Human Development
Travel Itinerary Form**

Faculty Name: _____ Request Date: _____

Department: _____ Phone/Ext: _____

Purpose of Travel:

___ I am presenting a paper or poster at a professional conference. (Attach copy of letter of acceptance or conference agenda showing your presentation).

___ I am attending a meeting or conference as an officer at a local/state/national level in a professional organization (Attach copy of letter of invitation or program cover).

___ I am a member or moderator of a panel at a profession conference. (Attach copy of letter of invitation or program cover).

___ I am attending a professional conference. (Attach copy of program cover).

___ I am representing the department/college/university on official business at a local/state/national organization (Attach copy of letter of invitation).

___ Other. Specify the purpose and organization.

Contact Information:

Phone number(s) where you can be contacted in case of emergency:

If staying overnight, name of hotel/housing and address:

Itinerary: (Please detail day by day your itinerary, from the date and time of departure to your return) (attach a separate sheet if necessary)