Revised 04/30/99. Submitted to but not yet approved by NIH Forms Officer.

REQUEST FOR TRAVEL RESERVATIONS

			DATE
NAME OF TRAVELER	TITLE	HOME PHONE	BUREAU/INSTITUTE/DIVISION
APPROPRIATION	ALLOTMENT/CAN NO.	OBJECT CODE	EXCESS BAGGAGE *lbs.*
GTR ATTACHED			

TICKETS *(Check one)*
☐ ONE WAY ☐ ROUND TRIP

RESERVATIONS *(Check one)*
☐ GOING ☐ AND RETURN ☐ OPEN RETURN

BLANKET GTR NUMBER

CHECK ONE
☐ ORIGINAL ITINERARY ☐ REVISED ITINERARY

TRAVEL ORDER NO.

COST OF TICKET

RESERVATIONS REQUESTED
☐ YES ☐ NO

CARRIER OR AGENT

NAME OF PERSON CONTACTED

ITINERARY	TIME A.M.	TIME P.M.	DAY OF WEEK	DATE	NAME OF CARRIER	CLASS AND TYPE OF ACCOMMODATIONS *(Specify)*
DEP.						
ARR.						
DEP.						
ARR.						
DEP.						
ARR.						
DEP.						
ARR.						
DEP.						
ARR.						
DEP.						
ARR.						
DEP.						
ARR.						
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ARR.						
DEP.						
ARR.						

REMARKS, SPECIAL AUTHORIZATION AND JUSTIFICATIONS WHEN REQUIRED

FROM *(Name of person preparing this form)*	ROOM NO.	BUILDING	TELEPHONE NUMBER

PHS-1558
(REV. 8-75)