

CHTM Travel Order Form

Date: _____ Name: _____

Email: _____ Phone: _____

Business Purpose (Please be specific on how this travel benefits the award or UNM)

Airfare

Airline: _____ Destination: _____

Departure: _____ Return: _____

Personal Travel Days (If applicable): _____

Frequent Flyer number: _____ Date of Birth: _____

Emergency Contact

Name: _____ Phone: _____

Registration

Web Link (If Applicable) : _____

Organization: _____

Are you an organization member? Yes No Member # (If applicable): _____

Log-in Information for Online Registration (username and password):

Hotel

Preferred Hotel: _____ Alternate Hotel: _____

Hotel rewards #: _____

Signature Authority: _____ Account Index: _____