**External Review Team Travel Itinerary Form**

**for Transportation, Hotel & Meals**

**This form may also be completed here:** [**External Review Team Travel Survey**](https://spelmancollege.qualtrics.com/jfe/form/SV_0Ak25SRXugRsIl0)

|  |  |
| --- | --- |
| Program- |   |
| Dates of Visit- |  |
| Arrival Date- |  |
| Departure Date- |  |
| Traveling From:(Home City, State, Zip) |  |
| Home Airport : |  |

|  |
| --- |
| **External Review Team Member** |
| Name (Payable to)- |   |
| Mail to (Name)- |  |
| Mailing Address- |  |
| City, State, Zip- |  |
| Telephone Number- |  |
| Email- |  |

Do you plan to fly?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Do you plan to drive your own vehicle?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Will you require hotel/lodging?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Will you require any special accommodations?\*

\*Please list any accommodations or dietary requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

Do you have any specific dietary requirements?\*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |