

University of Iowa International Programs

Travel/Lodging Information

Guest/Visitor SSN Birth date Visa Type

Guest Street Address City State/
Province Zip code Country

Telephone Number Fax Number Email address Tax Residency
Country

For international travelers:

Passport # Expiration Date Nationality

Issuing country Gender

Travel to _____ from _____ Round trip: __Yes __No

Reason for travel: _____

Closest Airport to: Start _____ Destination _____

Need: ___ Air Fare ___ Shuttle ___ Hotel/lodging ___ Special Needs _____

For Airfare: Preferred Airline _____ Frequent flyer # _____

Preferred Hotel/Lodging: _____

Date/Time of Departure: _____ Date/Time of Return _____

Mileage: _____ (total) Additional Expenses: _____

Person completing form Phone # Program/Dept. Campus Address Date

Contact person for funding Dept. sponsoring visit MFK/Budget line Budgeted
Amount

Date needed by: _____ (allow 3 weeks for processing)