

**External Review Team Travel Itinerary Form  
for Transportation, Hotel & Meals**

This form may also be completed here: [External Review Team Travel Survey](#)

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?\*

Yes  No

Do you have any specific dietary  
requirements?\*

Yes  No

\*Please list any accommodations or dietary requirements.