## Chambers Travel Request Form (Foth)

## *LEGAL* NAME:

**Business Phone & Ext:**

**Project:**     **Client Name:**

**Phase:**       **Task:**

**Airfare Needed:** [ ]  Yes [ ]  No

**Departing From:**

**Going To:**

**Dates of Travel:**

 Leave:       Return:

**Preferred Departure Time:**

 *(Morning or evening or timeframe)*

**Preferred Return Time:**

 *(Morning or evening)*

**Preferred Hotel:**

 *(Please include city if different from destination city)*

**Alternate Hotel:**

 *(Please include city if different from destination city)*

**Room:** **[ ]** Smoking [ ]  Non-smoking

**Rental Car Needed:** [ ]  Yes [ ]  No

**Additional Comments**:

**Please send completed form to Chambers Travel:**

**Email:** **cindy@chamberstravel.net**

**Or Fax: 920-496-9599**

**Toll Free Fax: 800-235-9596**