

REQUEST FOR TRAVEL AGENCY SERVICES CHARGED TO THE BUDGET OF THE UNIVERSITY OF ZARAGOZA

v5 2024/09/06

**TRAVELER INFORMATION**

Name		Last Name	
Phone		Mail	National Id. No.
University of Zaragoza Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	PASSPORT.	
University or Research Center			
Faculty / School / Center			
Department / Service			
Attendance at:	<input type="checkbox"/> Board of Examiners for Competitive Exam	<input type="checkbox"/> Board of Examiners for Doctoral Thesis	<input type="checkbox"/> Seconded Post <input type="checkbox"/> Other
Signature of the person traveling			
(Signature)			

**DATA ON THE SERVICE REQUESTED**

**1. TRANSPORTATION**

Transportation Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Means of Transportation	<input type="checkbox"/> Flight <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Vehicle Rental <input type="checkbox"/> Other: _____		
Itinerary			
Departure Date	Departure time	Return date	Return time
Comments on the Transportation			

**2. ACCOMMODATION**

Need for Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location			
Number of Nights	Date of Arrival:	Departure Date:	Board: <input type="checkbox"/> B <input type="checkbox"/> BB
Comments on the Accommodation			

**DOCTORAL THESES**

Board of Examiners Number	
Name of Doctoral Student	
Member of the Board that incurs the expense	<input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Board Member
Thesis with International Mention: Joint Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Doctoral Thesis Defence	
Place of Doctoral Thesis Defence	

**JUSTIFICATION:**

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**DATA OF THE PERSON RESPONSIBLE FOR THE PLANNING UNIT OF THE TRAVELLER:**

Name		Last Name:	
Phone		Mail	
Position			
Faculty/School/Center			
Department/Service:			
<b>Charged to the budget of: (Essential for accepting the application)</b>			
PU / DEPARTMENT No.			
PROJECT/ORDER (*)			
<small>(*) Cannot exceed 20 characters</small>			
<b>Fill in only if applicable: (Essential for accepting the application)</b>			
PPL Teaching and Research Staff No. of Pos			
Chair		mail:	Request Service:
Principal Investigator (PI)			PI mail:

**BILLING INFORMATION (Essential for accepting the application)**

Accounting Office		Managing Body	
DIR3 Code		DIR3 Code	
Processing Unit		Requesting Body	
DIR3 Code		DIR3 Code	

**BILLING COMMENTS**

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**AUTHORIZATIONS (Information on spending limits or other circumstances):**

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Signature of the person responsible for the unit	
Position:	
(Signature)	