

GUEST ARTIST FORM

(One form per trip/per group)

For Official Use ONLY

Budget: _____

SA#: _____

ER#: _____

W9: _____

Invoice Voucher: _____

PERSONAL INFO

Full Name (on gov't ID): _____

DOB: _____ Contact Phone: _____

State Issued ID Number: _____ (driver's license/passport)

Email Address: _____

Your Mailing Address: _____

TRAVEL DETAILS

Purpose of Travel: _____

FROM: (city) _____ TO: (city/state/country) _____

Departure Date: _____ Time: _____ (approx. time leaving your home)

Return Date: _____ Time: _____ (approx. time returning to your home)

Funding: _____

TRAVEL ARRANGEMENTS – Fill out if you want WSU to book your guests travel accommodations

Preferred Departure Location: _____

Preferred Airline: _____ Mileage # _____

Preferred Seating: _____ Aisle _____ Window

Other Accommodations: _____

___/___/___ - ___/___/___ Parking (please indicate whether a WSU parking pass is needed, and which dates)

OTHER NEEDED EXPENSES – Please indicate the expenses you would like to have reimbursed.

_____ Hotel

_____ Meals

_____ Air Ticket

_____ Other : _____

\$_____ Total

Please complete this form and return it to lindsay.greene@wsu.edu.

To receive your funds as a reimbursement, please fill out the [Travel Expense Claim Form](#) with ALL receipts and any proof of mileage attached to the document with 10 days of your return.

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Funding Account: _____ Amount: _____

Honorarium: _____ Amount: _____

Other Funding: _____ Amount: _____