

External Committee Member – Creation Information

First Name:

Last Name:

Date of Birth:

E.C.M. Status:

SSN: (Only required when paying a service fee, please provide over phone.)

Email Type:

Email Address:

Home Mailing Address:

Spend Authorization (Non-Employee request)

Trip Start Date:

Trip End Date:

Description (Including destination location):

Business Purpose:

Funding Source Worktag (ie. Program/Project/Grant/Gift):

Expense Items and Estimates:

- Airfare:
 - Self-Purchasing
 - CTA
- Airfare Transaction Fee (If Applicable):
- Lodging:
- Meals:
- Mileage:
- Other:
- Personal Expense: