



The University of
Montana

Business Services
(406) 243-6260 Fax (406) 243-4867

Group Travel Notification Form

We understand that _____ has been designated prime traveler and is responsible for our group travel to _____. The prime traveler may receive a travel advance for the entire group and will file and receive a travel reimbursement for the entire group.

Group Members

Names

Social Security #

Signatures

Date