 **Harvard Guest Traveler Authorization - BCD**

Please Note: Department Billing Account MUST be established before using this form

Traveler Last Name::

Traveler First Name::

Traveler Email Address::

Traveler Phone:

Travel dates:

Department Card Name:

Department Card Administrator email address (to be copied on the Travel Receipt):

Department Booking ID:

Last 4 Digits of Credit Card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a price cap: Y/N How much is the price cap?

If yes who needs to pre-approve trip above the price cap (include email)

Harvard contact for traveler:

Any other instructions for BCD:

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1. Email completed form to HarvardTAF@bcdtravel.com and include name of traveler in the Subject line.
2. Advise Harvard guest to call or e-mail BCD Travel:

Monday-Friday 9a-6p EST 800-610-5640 or email [HarvardTAF@bcdtravel.com](mailto:HarvardTAF@bcdtravel.com) and advise they are pre-authorized by (Harvard contact name) to make their reservation.

**Instructions:**

* **Department Card Administrator or their designee, completes the “Harvard Guest Traveler Authorization Form”**
* **Completed form is e-mailed to the agency**
* **Speaker/Guest is provided with the Agency Contact information and the Department Booking ID number**

**Agency Contact Information:**

**BCD Travel:**

* **Authorization forms to be sent to:**