



# Flight Reservation and Authorization Form

Date: \_\_\_\_\_ Name (Last, First, Middle): \_\_\_\_\_  
(Name as it appears on driver's license)

School/Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Conference Title/Location: _____						
Principal/Director over Program: _____						
Budget Coding: _____						
	Fund	Location	Yr	Program	Function	Object

Conference Begins: \_\_\_\_\_ Conference Ends: \_\_\_\_\_  
Date Time Date Time

Requested Departure Date: \_\_\_\_\_ Approximate Time: \_\_\_\_\_ a.m. or p.m.

Requested Return Date: \_\_\_\_\_ Approximate Time: \_\_\_\_\_ a.m. or p.m.

*Complete this section if bringing guest(s)*

Spouse Attending: \_\_\_\_\_  
(Name as it appears on driver's license)

Citizenship of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children Attending (Provide Name, Age, Date of Birth and Citizenship):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Credit Card	Credit Card Number	Security Code <small>(3 digits on back of card)</small>	Expiration Date
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Program/Budget Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_

Please Fax to Travel Buyer/Purchasing: 801-567-8725