Attachment C
OP-120103

Employee Travel Request Form

Employee Information:

Name (**Exactly** as it appears on employee Driver's License):_____

Cell Phone Number: _____

Date of Birth: _____ Six Digit State Employee Identification Number: _____

Gender (if name is Unisex):_____ TSA Known Traveler Number: _____

City & State of Destination: _____

Date of Departure from Origin: _____Date of Return from Destination:_____

American Airlines *is the statewide contract vendor. The following can be obtained from AA.com.*

LIST TIMES OF FLIGHTS, NOT FLIGHT NUMBERS

Origin

1st choice- Leaving: _____

2nd choice- Leaving: _____

3rd choice- Leaving: _____

Destination

1st choice- Leaving: _____

2nd choice- Leaving: _____

3rd choice- Leaving: _____

Special Requests (wheelchair assistance, etc.)

_____

_____

Explain how this travel is essential to performing your daily job duties:

_____

_____

All airfare is being purchased as non-refundable and most economical for the Agency

There will be no changes/cancellations made to these arrangements after purchase.

Employee Signature/Date: _____

Supervisor Name (printed): _____

Supervisor Signature/Date: _____

(R 03/25)