Verification of Travel Form

Name (Last, First, MI): _____

Position: _____

Facility: _____

Unit: _____

Initial Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				
Layover				

If applicable:

Secondary Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				

Return Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				
Layover				

If applicable:

Secondary Return Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				

Additional Information:

_____

_____

_____

I certify that I took the above flights in the course of state business:

_____ _____

Signature Date

(R 03/22)