

State of Oklahoma
Oklahoma Department of Corrections

Trip Ticket

Traveler's Name: _____

Employee ID:

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Travel Dates: _____ thru _____

Destination: _____

LODGING CONFIRMATION:

Hotel Name: _____

Confirmation: _____

Date Credit Card Authorization & Tax Exempt Documentation (if applicable) to hotel:
(Please attach copy of fax confirmation or email copy for your records) _____

Date of follow-up phone call confirming receipt of documentation: _____

Name of person you confirmed with: _____

Reservation Information Emailed to Traveler: Yes No

Arrangements made by: _____ **Date:** _____

Contact Number: _____ **After Hour (Emergency):** _____

FLIGHT CONFIRMATION:

Ticket Number: _____ **Booking Reference Number:** _____

Travel Itinerary Emailed to Traveler: Yes No

Arrangements made by: _____ **Date:** _____

Contact Number: _____ **After Hour (Emergency):** _____

GROUND TRANSPORTATION CONFIRMATION:

Rental Car **Shuttle** **Taxi** **Other** (please describe) _____

Vendor Name: _____ **Confirmation:** _____

Reservation Information Emailed to Traveler: Yes No

Arrangements made by: _____ **Date:** _____

Contact Number: _____ **After Hour (Emergency):** _____