

Flight Authorization Form Full Name: First - Middle- Last | Cell Phone #: | Gender: | Date of Birth: | Global Entry/TSA

1886 WELL								# : (if applicable)
Tra	veling To:							
Date of Departure:	Destination: Where are you going?		Departure Location:		Preferred time of departure: AM/PM Round About What Time if Possible?		What time must you arrive at your destination?	Preferred Airline of choice: If possible
Tray	veling Back:							
Date of Departure:	Returning From (Flying out of):		Destination Location:	AM	Preferred time of Return: AM/PM Round About What Time if Possible?		Preferred Airline of choice: If possible	
				g TA	& Additional Info:		PROGRAM:	T
FUND:		O RGANIZATION:			ACCOUNT::	ACCOUNT::		A CTIVITY:
*Any a	ndditional pertir	ent informati	on that you would	l like	KYSU Travel Coo	rdinator/AA	A to know regard	ing your flight:
Maximum \$ Amount Flight is NOT to exceed:		Will KSU Travel dept. be booking & paying for this flight on your behalf, or will you book the flight yourself and submit a travel request voucher for reimbursement upon returning?						