



Airfare Authorization

Sign-off Requisition Form

Traveler's Name: _____ Purchase Order No: _____

Employee ID: _____ Date Prepared: _____

Contact Person: _____ Phone Number: _____

Department: _____ Campus P O Box: _____

Destination(s) _____ Departure Date: _____ Return Date: _____

Date of Quote: _____ Quote In Effect Until: _____ Time: _____

Purpose for Travel: _____

Itinerary: _____

Expenditure Detail	Pay To	Amount
Airfare	CHRISTIAN TRAVEL	\$

Department's Organization Number _____ **Fund** _____

THIS FORM COMPLETED AND PROPERLY APPROVED WILL:

1. ENTITLE THE TRAVELER TO ACCEPT AIR TRAVEL TICKETS IN THE NAME OF AND FOR THE ACCOUNT OF THE UNIVERSITY; AND
2. AUTHORIZE THE REQUESTED TRAVEL ARRANGEMENTS AND CHARGES AS INDICATED.

Final Approving Authority: _____ Date: _____
University's Designee Signature

International Travel Authority: _____ Date: _____
President's Signature

Submit original form with all required approvals to Christian Travel.

Submit a copy of the form to Accounts Payable.

Retain a photocopy in Department Office.