

CORPORATE TRAVEL PLANNERS
ELECTRONIC TRAVEL RESERVATION FORM
(504)488-1725 (504)488-1381 FAX
email: usasat@swbell.net

DATE: _____

NAME OF TRAVELER: _____

EMPLOYEE'S ID# _____

TELEPHONE NUMBER: _____

DATE OF TRAVEL: _____

PREFERRED DEPARTURE TIME: _____

DATE OF RETURN: _____

PREFERRED RETURN TIME: _____

DESTINATION: _____

REQUIRED RESERVATION S: _____ AIRLINE

FUND CODE: ORGN CODE: ACCT CODE: PRG CODE:
APPROVAL_____
Dean/Division Chair/Dept. Head_____
Date_____
Signature of Requestor_____
Email Address_____
Print Name_____
DateTravel Greater than 60 Days in Advance_____
Provost_____
Date_____
Vice President of Fiscal Services_____
Date