

**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 RESERVATIONS: _____ **AIRLINE**

FUND CODE: ORGN CODE: ACCT CODE: PRG CODE:

APPROVAL

Dean/Division Chair/Dept. Head

Date

Signature of Requestor

Email Address

Print Name

Date

Travel Greater than 60 Days in Advance

Provost

Date

Vice President of Fiscal Services

Date