

PREPAID AIRFARE REIMBURSEMENT

		Requisition #
Only state employees may request an advance. Prepayment request must be received 4 weeks prior to travel date.		
Departure Date:		
Destination (City, State):		
Amount:		
Mailing Address:		
Name:		
Home Address:		
Dity:	State:	Zip:
Attached is my complete and signed travel requisition for my business trip. I purc advance of my travel so that I could obtain lower-priced airfare and save the cam ndicating method of payment for the trip.		
Accordingly, I am requesting reimbursement for the cost of my airfare at this time	∋.	
Signature of Traveler	Date	
A/P USE ONLY		
Voucher # Payment [)ate	