

I _____

CBA FOR AIRFARE

(REQUEST FOR USE OF CONTROLLED BILLED ACCOUNT)

**(Persons who possess a State Travel Card will not use this Account)

Date: _____

NAME OF TRAVELER: _____ CWID _____

DESTINATION _____ DATES OF TRAVEL _____

PURPOSE OF TRAVEL _____

Budget Unit Title	BUDGET UNIT ACCOUNT NUMBER					
	Index	Fund	Orgn.	Acct.	Prg.	Amount

Check Response

Guest Traveler Information

Have you applied for a Bank of America Corporate Travel Card? Yes No Full Name _____

Were you denied the Corporate Card? Yes No Gender _____ Date of Birth _____

Are you a prospective employee or a consultant? Yes No Address 1 _____

Are you a student? Yes No Address 2 _____

Have you booked at state contracted fare? Yes No Work Phone # _____ Cell Phone # _____

FLIGHT INFORMATION

Travel Agency _____ Contact Person _____

Phone # _____

DEPARTURE

Date _____ Time _____ : _____ Flight# _____ Airline _____

Business Affairs Remarks

Date _____ Time _____ : _____ Flight# _____ Airline _____

Date _____ Time _____ : _____ Flight# _____ Airline _____

RETURN

Date _____ Time _____ : _____ Flight# _____ Airline _____

Date _____ Time _____ : _____ Flight# _____ Airline _____

Date _____ Time _____ : _____ Flight# _____ Airline _____

APPROVAL/AUTHORIZATION

Requested by _____ Date _____ Business Affairs Travel Office _____ Date _____

Approved by Budget Unit Head _____ Date _____ Authorized by CBA Custodian _____ Date _____

Invoiced by or for Business Affairs Date _____