

FAYETTEVILLE STATE UNIVERSITY AIRLINE RESERVATION

Traveler/Employee	Date of Request
DEPARTURE INFORMATION	
Date of Departure:	Time:
Depart From:	Arrive At:
Airline / Flight Number	

(Complete the next section(s) only if connections are to be made)

Depart From: _____	Time: _____	Arrive At: _____	Time: _____
Airline / Flight Number			
Depart From: _____	Time: _____	Arrive At: _____	Time: _____
Airline / Flight Number			

RETURN INFORMATION

Date of Return:			
Depart From: _____	Time: _____	Arrive At: _____	Time: _____
Airline / Flight Number			

(Complete the next section(s) only if connections are to be made)

Depart From: _____	Time: _____	Arrive At: _____	Time: _____
Airline / Flight Number			
Depart From: _____	Time: _____	Arrive At: _____	Time: _____
Airline / Flight Number			

Traveler's Signature	Date
Business Office	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>

1. Make a copy of this form for your records before submitting it to the Travel Office
2. Submit this **original** form with TRV-1 Travel Authorization /Vehicle Request Form