



UO Contract Travel Agency Airfare Authorization Form

(Copy of itinerary from agency must be faxed to AP with this form)

Employee: Yes No

Traveler Name _____ Contact Person _____

UO ID# _____ (if applicable)

Department _____ Contact Phone _____

New Change (reason for change) _____

Sabbatical travel (attach Sabbatical/Leave approval documents)

Personal time included? (attach quotes)

Use of non-direct route (attach quotes)

Itinerary

Agency and Agents Name _____ Date Faxed to Agency _____

Actual Dates of Conference / Meeting _____

Business Purpose

Financial Coding

Req #	COA	Index	Fund	Orgn	Acct	Prog	Actv	Amount
	B							

Department Authorized Signature	Date	Travel Agency Authorizer (printed)	Date