

PREPAID AIRFARE REIMBURSEMENT REQUEST

Only State employees may request an advance on airfare reimbursements Prepayment requests must be received 4 weeks prior to travel date

| Departure Date: |
|---|
| Destination (City, State): |
| Requested Reimbursement Amount: |
| Reimbursement Mailing Address: |
| Name: |
| Mailing Address: |
| Attached is my complete and signed Travel Voucher for my business trip. I purchased my airline ticket with my personal funds in advance so that I could obtain lower-priced airfare and save the campus money. I have enclosed the airfare receipt indicating the method of payment, as well as justification that my travel is for State purposes. |
| Signature of Traveler and Date |
| Authorized Signer and Date |