

**BORGER ISD
REQUEST FOR AIRLINE TICKETS**

**Note: This form must be completed and attached to your Request for Travel form before tickets will be ordered.
(Tickets purchased by anyone other than the BISD Central Office staff will not be paid for by BISD)**

Date: _____ **Event attending:** _____

(Tickets must be ordered with names appearing exactly as listed on driver's license or picture identification card)

Name of Person Traveling:

_____ _____ _____ Date of Birth
First Middle Last Month Date Year

_____ male _____ female

Campus/Dept. _____

Email Address: _____ **Alternate email:** _____

Telephone:(w) _____ **(H)** _____ **(cell)** _____

Budget Code for Ticket(s) _____

ITINERARY

DATE	CITIES	DEPART No Sooner	ARRIVE No later
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		

Remarks: _____
