



LaGuardia Community College

Centralized Travel Form

Please fill out and submit to Room E-413

NAME OF TRAVELER: _____ DATE: _____

DEPARTMENT: _____ PHONE: _____

TRAVEL INFORMATION

TRAVEL VIA: AIR AMTRAK

If traveling via air, is an E-Ticket ok? Yes No

DATE OF DEPARTURE _____ PREFERRED TIME: _____ A.M. P.M.

DATE OF RETURN: _____ PREFERRED TIME: _____ A.M. P.M.

FROM: _____ TO: _____ Round-trip

Airport Preferences: OTHER: _____

If not a round-trip, please explain:

CONFERENCE NAME: _____

HOTEL NAME: _____ Already Reserved

Room: Single Double Non-Smoking Smoking

CAR RENTAL: Yes No

PAYMENT INFORMATION

Account to be Charged:

Tax Levy _____ LaGuardia Foundation # _____ College Association _____

Ed Fund _____ Auxiliary _____ ECLC _____ Other _____

Vice President / Dean Authorization Signature _____

BUSINESS OFFICE USE ONLY

	Booking Date	P.O./Req.# - Date	FHL Aux. Reimb. Date
AIRFARE: \$ _____	_____	_____ - _____	_____
HOTEL: \$ _____	_____	_____ - _____	_____
REG. FEE: \$ _____	_____	_____ - _____	_____

Itinerary Processing Dates

CTF Rcvd	Faxed to Austin	R'cvd 1 st Quote	R'cvd 2 nd Quote	Notified Trvlr	Trvlr Confirmed
_____	_____	_____	_____	_____	_____

Finalized /Purchase Date: _____

NOTES: _____