

FREMONT LINION HIGH SCHOOL DISTRICT

FREMONT UNION HIGH SCHOOL DISTRICT AIRLINE RESERVATION AND								Name of Originator:							
								Date of Request:							
TICKET PURCHASING FORM								School/Site:							
INSTRUCTIONS:								GENERAL FLIGHT INFORMATION:							
 Please complete this form at least 4 weeks prior to departure date The least expensive fairs often require 6 weeks or more advanced no All information on the form must be for the same flight (date, time, expensive the guaranteed) 							Preferred Airline: Flight # (if known):								
 Departure & arrival times cannot be guaranteed The "Name of Originator" is the person who is completing this form Please e-mail the form and any questions to Ruth Sandoval 							Total # of Passengers:								
ORIGINATING FLIGHT							RETURN FLIGHT								
Departing Information			Arrival Information				Depart	eparting Information			Arrival Information				
City:			City:				City:	City:							
Date:			Date:				Date:				Date:				
Гіте:			Time:				Time:			Т	ime:	me:			
PASSENGER II	NFORMATION):	_			_					-				
_	egal Last Nam ears on ID)		Legal First Name (as appears on ID)			Date of Birt		1	Conference Request #		Conf. Registration Requisition #			Hotel/Lodging Requisition #	
CODING INFO	RMATION FO	R TICKET	S:												
Fund Res		Yr	Yr Obj		b Obj	Goa	al	Func	Func Cos		st Ctr S		Mgr	%	
Date Warrant Needed:					Click Button to E-mail Form:										