



DBAF

Direct Bill Air & Rail Travel

Last Name: _____ First Name: _____

PSU ID _____

Name of Person Making Travel Arrangements: _____

Ticket Delivery Address (*if other than 208 Mueller – please include full address & zip*):

Purpose of Travel: _____

Destination(s) (*please include city & state*): _____

If Foreign Travel, Name of Airline (*U.S. Flag Carrier*): _____

Date of Departure:

Date of Return:

Travel Agency Name: _____

Contact Person at Travel Agency: _____

Budget and Fund to Charge: _____ Amount of Fare: \$ _____

Signature of Faculty: _____ **Date:** _____

Notes: