

C.B.A. Authorization Request

This Form must be completed and submitted to your servicing accounting office before airline/Amtrak tickets can be issued.

Name of Traveler:		Social Security Number:	
Office Phone Number:	Email Address:	Office Routing Symbol:	
Start Date:	End Date:	Origin:	Destination:
Travel Authorization Number:		Ticket Cost:	
Account Classification:			
<p>I am requesting the use of the centrally billed account because (<i>Please select one</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Invitational Travel <input type="checkbox"/> Infrequent Traveler (<i>I travel less than twice a year</i>) <input type="checkbox"/> New Employee (<i>My card application is being processed</i>) <input type="checkbox"/> Card Revoked – Union Agreement allows use of C.B.A. Account Name of Union _____ 			

Accounting office use only

Last four digits of C.B.A.