

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
ACCOUNTS PAYABLE DEPARTMENT

APPLICATION FOR DIRECT BILLING OF AIRFARE AND/OR HOTEL

Date: _____ Department Name: _____

Traveler's Name: First _____ Middle _____ Last _____

(Exactly as it appears on the government issued ID that will be used at the TSA Airport Security Checkpoint. No middle initial (MI) is to be used if the middle name is spelled out on the documentation.) **A COPY OF THE ID TO BE USED MUST BE ATTACHED TO THIS FORM.**

Account #: _____ Personnel #: _____ Trip #: _____

Purpose of Trip: _____

GL code: _____ Accompanied By: (If Applicable): _____

PER NEW TSA REGULATIONS, THE FOLLOWING INFORMATION IS REQUIRED FOR COMMERCIAL AIR TRAVEL:

Date of Birth: _____ Gender: _____

DIRECT BILL AIRFARE

Departing flight date: _____ Return flight date: _____

Originating City: _____ Destination: _____

DIRECT BILL HOTEL

Hotel requested: _____

Arrival Date: _____ Departure Date: _____

Departmental Approval (Required if traveler is accompanied) _____ CBO Approval (Required if traveler is accompanied) _____

Prepared By: _____ Date: _____

TO BE COMPLETED BY ACCOUNTS PAYABLE OFFICE

1. Airfare TA#: _____

2. Hotel confirmation #: _____ Cancellation #: _____
Invoice #: _____ Date paid: _____ Amount: \$ _____

Completed by: _____