

**REQUEST FOR TRAVEL TICKET (RFTT)**

FA-0008 (REV 11/2005) CT 7541-0490-1

**PLEASE ALLOW AT LEAST TWO DAYS  
FOR PROCESSING****CONFIDENTIAL**

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

NAME (Print)	WORK PHONE NUMBER	E-MAIL ADDRESS
WORK FAX NUMBER	PURPOSE OF TRIP	

**AIRLINE / AMTRAK**

CHECK ONLY ONE:	<input type="checkbox"/> TICKETLESS	<input type="checkbox"/> TICKETED	DATE OF REQUEST	DATE NEEDED			
DATE	CARRIER	FLIGHT NUMBER	DEPARTURE		ARRIVAL		RESERVATION NUMBER
			CITY	TIME	CITY	TIME	

SPECIAL TICKET DELIVERY INSTRUCTIONS

**CAR RENTAL INFORMATION**

CAR RENTAL VENDOR	PICK UP		DROP-OFF		CITY/BRANCH LOCATION
	DATE	TIME	DATE	TIME	

SPECIAL REQUEST

**UPGRADED VEHICLE JUSTIFICATION: (Check appropriate box)**

- Two or more employees traveling together with luggage, etc.
  Traveling with heavy equipment, tools, supplies, etc.
- Employee is large in stature.
  Other (explain): \_\_\_\_\_
- Medical condition (Medical documentation on file with supervisor).

STATE REASON FOR USING NON-CONTRACT VENDOR

**APPROVAL**

EMPLOYEE'S SIGNATURE

SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	SUPERVISOR'S PHONE NUMBER
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**COST CODING**

SOURCE DIST.	COST CENTER	CHG. DIST.	EXPENDITURE AUTHORIZATION	SUB-JOB	SPECIAL DESIGNATION	FA	AGENCY OBJECT

NOTE: A Request for Approval of Out of State Travel, Form FA257, is required before out-of-state reservations will be finalized.

**ADA Notice**

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.