

Travel Reservation Request Form

NYS Public Employees Federation

****NAMES MUST MATCH YOUR GOVERNMENT I.D.****

REQUESTER INFORMATION

*Last: _____ First: _____ Middle: _____

*E-Mail: _____ Cell Phone: _____

*Work Phone: _____ Emergency Contact: _____

*REASON FOR TRAVEL: _____

-Information Required by TSA-

*Birthdate: _____ / _____ / _____ Gender: F M
mm dd yyyy

TRAVEL INFORMATION

Travel begins on: _____

Travel concludes on: _____

Mode needed: Train _____ Airplane _____ Rental Car _____

Departure City/Pick Up Location: _____

Departure Date: _____ Preferred Departure Time: _____

Return Date: _____ Preferred Return Time: _____

Seating Preference: Window Aisle

Frequent Flyer #: _____ TSA Pre #: _____

(Airline & train tickets are electronic. Itinerary & passenger receipt will be sent via e-mail.)

HOTEL INFORMATION

Hotel Stay Check in Date: _____ Check Out Date: _____

Location of Meeting: _____

ADDITIONAL INFORMATION:

Return This Form To:

Email: Specialevents@pef.org
Special Events phone number: 518-785-1900

Department Approval:

Form Reviewed By: _____
Date sent to SE Dept.: _____
Bill To: _____