

Travel Reservation Request Form

NYS Public Employees Federation



Event begins at: _____

Event concludes at: _____

Mode needed: Train Airplane Rental Car

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

PASSENGER INFORMATION

Last: _____ First: _____ Middle: _____

-Required by TSA-

Birthdate: _____ / _____ / _____
 mm dd yyyy

Gender: F M

Departure City/Pick Up Location: _____

Departure Date: _____ Preferred Departure Time: _____

Return Date: _____ Preferred Return Time: _____

Seating Preference: Window Aisle

Frequent Flyer #: _____ TSA Pre #: _____

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

E-Mail: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact: _____

GUEST INFORMATION (Who is not being paid for by PEF, provide the following information.)

Passenger's Name: _____

Birthdate: _____ / _____ / _____
 mm dd yyyy

Gender: F M

Credit Card Type/Number: _____ Expiration Date: _____

SPECIAL REQUESTS (frequent traveler account numbers, etc.)

Return This Form To:

Email: Specialevents@pef.org

Department Approval:

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