

District Attorneys Council
Travel Arrangement

[Full Legal Name]
[E-Mail Address]
[Claimant Date of Birth]
[Claimant Employee I.D.#]
[Claimant Contact Phone# - Preferably Cell#]
[E-Mail Address of District Finance Coordinator]
[District]

Date:	District:
Funding Source:	_____

Approved:

Approved:

District Attorney

DAC P-Card Approver

Name of Conference:	
Conference Dates:	
Departure City:	Destination City:
Departure Date:	Preferred Times:
Date of Return:	Preferred Times:
State Government Fare (changeable & refundable)	
Seat Preference:	
Lowest Available Fare (not refundable, changeable w/ fee)	
Seat Preference (window, aisle, rear, front):	

Please make sure that all information is complete. After approval, please fax to (405) 264-5099. We will contact our Travel Agency and they will search for something that fits. We will then e-mail the itinerary to the Finance Officer for review. Once approved, please e-mail to book. Do **NOT** try to book directly with the Travel Agent, it will be cancelled. Thanks you for your cooperation in this matter.