

Verification of Travel Form

Name: (Last) _____ (First) _____ (MI) _____
Position: _____
Facility: _____
Unit: _____

Initial Flight	Departure Location	Departure Date	Flight Number	Arrival Location
Leg 1				
Layover				

If Applicable:

Secondary Flight	Departure Location	Departure Date	Flight Number	Arrival Location
Leg 1				

Return Flight	Departure Location	Departure Date	Flight Number	Arrival Location
Leg 1				
Layover				

Additional Information: _____

I certify that I took the above flights in the course of State Business:

Signature: _____ **Date:** _____