

Date \_\_\_\_\_

**Travel Leaders  
Ticket Requisition  
University of South Alabama**

Procurement Card and Travel Services Office  
307 N. University Blvd., Suite AD 256  
Mobile, Alabama 36688  
(251) 460-6242  
pcardandtravelsvcs@southalabama.edu

Department \_\_\_\_\_

Division \_\_\_\_\_

<b>FOAPAL String and Amount</b>						
Fund	Organization	Account	Program	Activity [Optional]	Location [Optional]	Amount
Traveler(s) and Destination						Cost
Prices are required on all requisitions						Total

Name and address of vendor	Authorizations
1.	Signed _____
	Approved _____ <span style="float: right;">Department Head</span>
	Approved _____ <span style="float: right;">Dean</span>

**AIRLINE RESERVATIONS**

Day of departure \_\_\_\_\_ Day of return \_\_\_\_\_

Reason for travel \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Please submit the completed original form to the Procurement Card and Travel Services Offices in AD 256.

For more information regarding this form and other travel questions, please go

to <http://www.southalabama.edu/departments/financialaffairs/travelandprocurement/>