

Guest ID



Request for Guest Airfare

First Name

Middle Name

Last Name

(list your name exactly as it appears on your ID or Passport)

Email

Phone Number

MAILING ADDRESS

Address *(number, street, and apt. or suite no)*

City, State, and ZIP Code

1. Project to Charge*

2. Destination

3. Duration *(dates of trip)*

4. Purpose of Trip/Justification

5. Estimated Cost of Airfare

I am requesting airfare to be direct
billed to UCSB and disbursed to me

Federal funds will be used

* Mandatory field

When traveling using federal funds you must comply with the [Fly America Act](#). Please let the BCD travel agent know upfront when federal funds are being used to purchase airfare.

U.S. carriers shall be used for all travel reimbursed from federal contracts or grants. Please see link: <https://www.gsa.gov/policy-regulations/policy/travel-management-policy/fly-america-act>

Traveler's Signature

Date

Principal Investigator's
Signature

Date