

**Court-Appointed Pre-Paid Travel
Request Form**

Traveler Name (must match photo ID): _____ Traveler Date of Birth: _____

Traveler Address: _____ Traveler Gender: _____

Case Name: _____ Case Number: _____ Circuit: _____

Case Type: _____ County: _____

Attorney Name: _____ Attorney Phone Number: _____

Form Completed By: _____ Date: _____

IMPORTANT: Please attach the airline printout of the flight information when submitting this form.

Destination Flight

In-State/Out-of-State Travel	Airline	Date	Flight Number	Departure City/Airport ID	Departure Time	Arrival City/Airport ID	Arrival Time

Return Flight

In-State/Out-of-State Travel	Airline	Date	Flight Number	Departure City/Airport ID	Departure Time	Arrival City/Airport ID	Arrival Time

Lodging

In-State/Out-of-State Travel	Hotel Name	Address	Phone Number	Check-in Date	Check-out Date	Rate

E-mail the completed form with a copy of the order authorizing travel to: pleadings@justiceadmin.org.

FOR JAC LEGAL USE ONLY

Airline Name	Airfare Confirmation Number	Airfare FLAIR FEIN & Sequence (complete as shown in Works)	Airfare Price	Hotel Name	Hotel Confirmation Number	Hotel FLAIR FEIN & Sequence (complete as shown in Works)	Hotel Price

FOR JAC FINANCIAL SERVICES USE ONLY - INFORMATION NEEDED FOR PAYMENT OF TRAVEL

ORG Code	EO	Category	Airfare Object Code	Airfare Project ID	Lodging Object Code	Lodging Project ID

General Counsel Approval of Request	Post-Purchase Review
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