

Travel Request Form Fax to:

916-737-2964

Personal and Billing Information

Traveler name¹

E-mail

Phone

Fax

Billing address

Name(s)/age(s) of other traveler(s)²

Credit card name

Credit card number

Credit card expiration date

Travel Information

Destination

Departure date

Preferred departure time
(e.g., morning, mid-day, evening)

Return date

Preferred return time
(e.g., morning, mid-day, evening)

Seating preference
(e.g., aisle, window, center)

Meal preference

Frequent flyer program name(s) and
number(s)

Rental car program name(s) and number(s)

Rental car preference
(e.g., compact, mid-size, luxury)

Lodging Information

Hotel program name(s) and number(s)

Room preference
(e.g., king, double, single)

Smoking preference

¹ Name(s) as they appear on government issued ID (passport or driver's license)

² Name(s) as they appear on government issued ID (passport or driver's license). List age(s) if traveler is under 18