

Air Travel Authorization (ATA)



This form should be filled out and signed by the Traveler and the Department Head. The form will be submitted to the Card Administrator in the department to book business-related airfare. It should then be routed to the Travel Coordinator in the Controller's Office by the 20th of the month with the Expense Report.

TRAVELER INFORMATION (to be filled out by Traveler or Card Administrator)

Traveler Status:

Employee Prospective Employee Other*: _____

**Must provide additional documentation to the Controller's Office.*

Traveler Name

Traveler's Phoenix Supplier Number (*preferred*) or
Last 4 digits of Social Security Number

Traveler Department

INFORMATION IF TRAVELER IS NOT A CURRENT UNIVERSITY EMPLOYEE (to be filled out by Card Administrator)

Social Security Number: _____
Required in order to assign a Supplier Number in Phoenix.

Address: _____
Street Number and Name City State Zip Code

FLIGHT INFORMATION (to be filled out by Traveler or Card Administrator)

Airfare: One-Way Round-Trip

Destination: _____ Dates of Travel: _____

Travel Purpose: _____

TRAVELER AND DEPARTMENTAL APPROVAL

Traveler Signature

Account Number to be Charged

Dept Head Authorization Signature

Director, Research & Sponsored Programs Signature
(FOR GRANT ACCOUNTS ONLY)