

## Verification of Travel Form

Name (Last, First, MI): \_\_\_\_\_  
Position: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Unit: \_\_\_\_\_

Initial Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				
Layover				

If applicable:

Secondary Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				

Return Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				
Layover				

If applicable:

Secondary Return Flight	Departure City, ST	Departure Date	Flight Number	Arrival City, ST
Leg 1				

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I took the above flights in the course of state business:

\_\_\_\_\_  
Signature Date