



AIRLINE TICKET RELEASE (ATR) FORM

This form must be signed by the traveler's Campus/District authorizer (or their designee). Once approved, this form is to be faxed to Lorraine Travel at (305-441-9444). All tickets will be issued as electronic tickets unless the traveler specifically requests that the ticket be delivered to the Campus Bursar's Office for pick-up. Please discuss the delivery of airline tickets with the travel agent's representative.

Traveler Name: _____
Division/Department: _____ Campus Location: _____
Traveler Phone No.: _____ Fax No.: _____
Contact Name To Confirm Ticketing: _____
Fax #: _____ E-Mail Address: _____

Approval: The travel represented by the P-2 Form and this ATR have been approved:

Signature of Campus/District authorizer and/or his/her designee Date

MDCC Qual / GL Code to be charged for the airline ticket: _____

Price Quoted \$ _____ (Note: An additional charge of \$12 will be added to the cost of the ticket as a processing fee. This fee will be waived if the traveler completes the reservation on-line through the Lorraine Travel web site at www.lorrainetravel.com .)

From Miami:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

From:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To Miami:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

(Additional Itinerary form attached)

I agree that these are the times, days, and flights for my MDCC business travel. **I understand that I am personally responsible for such charges if the travel is not approved. I agree to assume personal financial responsibility for this ticket if the College does not approve associated travel; and/or if the expenses are not funded by a designated College cost center; or that another travel agency tickets the airfare.**

Name (Printed)

Signature of Traveler

Date

Miami-Dade Community College
Airline Ticket Release (ATR) Form
Additional Itinerary Information - Continuation

Traveler Name: _____

Department: _____ Campus: _____

Qual and GL to be charged for travel: _____

Phone Number: _____

Note: Use this form is only to be used if additional travel arrangements are to be made:

From Miami:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

From:	_____	_____	_____	_____	_____
	City/State	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time		

From Miami:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

From:	_____	_____	_____	_____	_____
	City/State	Airline	Flight #	Date/Day	Departure Time
To :	_____	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time		