

CTK Trip Itinerary

Traveler Name: _____ Event or Purpose: _____

Trip Location: _____ Departing: _____ Returning: _____

Departing

Method of Transportation		Carrier		Flight/Train #	
Depart From:		To:		Gate/Terminal	
Check-In Time		Departure Time		Arrival Time	
Notes					

Method of Transportation		Carrier		Flight/Train #	
Depart From:		To:		Gate/Terminal	
Check-In Time		Departure Time		Arrival Time	
Notes					

Returning

Method of Transportation		Carrier		Flight/Train #	
Depart From:		To:		Gate/Terminal	
Check-In Time		Departure Time		Arrival Time	
Notes					

Method of Transportation		Carrier		Flight/Train #	
Depart From:		To:		Gate/Terminal	
Check-In Time		Departure Time		Arrival Time	
Notes					

Vehicle Rental

Rental Company		Class/Model		Reservation #			
Pick-Up Date		Time:		Drop-Off Date		Time:	
Beginning Mileage		Ending Mileage		Fuel Expense			
Notes							

Hotel/Accommodations

Hotel Name		Reservation #					
Hotel Address		Hotel Telephone					
Check-In Date		# of Nights		Check-Out Date		Time	
Notes							