



Travel Payment Voucher

To be completed and submitted to the SAFAC Advisor at least five (5) business days prior to travel.
This form can only be completed after the travel itinerary is handed in with the OCA or RSO.
This form is not a substitute for a travel itinerary form that is filled with the OCA or RSO.

Organization Name: _____
Fund Code: _____ Org Code: _____
Person completing form: _____ Date: _____
Phone #: _____ E-mail: _____

** This person will be the designated contact for the SAFAC Advisor & will be contacted if necessary.*

AIRLINE:

PLEASE SCHEDULE APPOINTMENT WITH SAFAC ADVISOR.

HOTELS:

Name of Hotel: _____
Phone Number of Hotel: _____
Confirmation Number: _____
Name the Room(s) is Under: _____
Date of Arrival/Departure: _____

CHARTER BUS:

Charter Agency: _____
Charter Contact Number: _____

Approvals for fields above:

Signature of Organization President Date:

Signature of Organization Treasurer Date:

Signature of Organization Advisor Date:

ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT
THE SAFAC ADVISOR 215-895-1811 or bts27@drexel.edu