

**OFFICE OF THE CONTROLLER  
ACCOUNTS PAYABLE SECTION  
FLIGHT INFORMATION FORM**

**TA NUMBER:**

**FULL NAME AS SHOWN ON GOVERNMENT ISSUED ID:**

**DATE OF BIRTH:**

**GENDER:**

**PHONE NUMBER FOR TRAVELER (DURING TRAVEL):**

**EMAIL ADDRESS TO SEND ITINERARY TO:**

**COUNTRY/REGION OF RESIDENCE**

**STATE OF RESIDENCE**

Once the form is filled out, submit your packet to the

Office of the Controller,  
Accounts Payable Section

If you have any questions please contact  
Accounts Payable at (928) 871-6433.