

MASFAA AIRLINE TICKET REQUEST

Legal Name of Requestor: _____

Requestor's School/Employer: _____

Event or Committee activity: _____

Date of Event or Committee activity: _____

Location of Event or Committee activity: _____

Airline requested: _____

Frequent Flyer Number: _____

Departing from: _____

Arriving at: _____

Departure date, time, flight #: _____

Returning date, time, flight# : _____

Seating Preferences: _____

Email account to send eTicket: _____

I understand that any modifications to this reservation must be made by the Vice President.

Signature

Send to:

Rick Shipman
MASFAA Vice President
Office of Financial Aid
252 Student Services Building
Michigan State University
East Lansing, MI 48824-1113
Fax: 517-432-4379