ALTERNATE AIRFARE REQUEST FORM

If the University’s dedicated travel agencies, Corporate Travel Planners (CTP) or Anthony Travel Inc. (ATI), are unable to provide an airfare within $100 of a lower fare from another travel provider, the traveler must complete this form prior to book airfare. Once this form is completed, an exception must be submitted using the BA Exception Tracker Request in UTA Sharepoint. Please upload this form and select "Airfare - Cheaper Alternative" as the subject.

NOTE: This does not apply to federal funded travel seeking discounted airfare on a foreign carrier, per the Fly America Act.

Cost Center/Project number

______________________________

Section 1 - Traveler Information

Traveler Name: ___________________________ Employee ID: ___________________________

Department Name: ___________________________

Phone/Extension: ___________________________ Type of Traveler ___________________________

Section 2 - Trip Information

Travel Authorization Doc ID #: ___________________________ Trip Departure Date: ___________________________

Destination: ___________________________ Trip Return Date: ___________________________

Section 3 - Airfare Comparison Information - Attach Documentation from CTP/ATI/Concur and Travel Provider

Note: All documentation must reflect an apple-to-apple comparison, i.e. same departure and return dates, same flight numbers, same cities, etc.

Requested Travel Provider: ___________________________ Total Cost of Airfare ___________________________

Departure/Outbound Flight Information:

Date: ______________ Time: ______________ Flight Number: ______________ Carrier(Airline): ___________________________

Additional segments of travel related to departure/outbound flight (if necessary):

Date: ______________ Time: ______________ Flight Number: ______________ Carrier (Airline): ___________________________

Date: ______________ Time: ______________ Flight Number: ______________ Carrier (Airline): ___________________________

Date: ______________ Time: ______________ Flight Number: ______________ Carrier (Airline): ___________________________

Date: ______________ Time: ______________ Flight Number: ______________ Carrier (Airline): ___________________________

Date: ______________ Time: ______________ Flight Number: ______________ Carrier (Airline): ___________________________
ALTERNATE AIRFARE REQUEST FORM

Return/Inbound Flight Information:
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Additional segments of travel related to return/inbound flight (if necessary):
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________

UTA Dedicated Travel Agency: CTP/ATI/Concur ___________________ Total Cost of Airfare ___________________

Departure/Outbound Flight Information:
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Additional segments of travel related to departure/outbound flight (if necessary):
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
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Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________

Return/Inbound Flight Information:
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
Additional segments of travel related to return/inbound flight (if necessary):
Date: ___________________ Time: _______________ Flight Number: _______________ Carrier (Airline): _______________
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