

Court-Appointed Attorney Program
Travel Related Purchasing Request Form

E-mail completed form with a copy of the order authorizing travel to:
pleadings@justiceadmin.org

Traveler Name (must match photo ID): _____

Soc. Sec. No. or Tax ID Number: _____ Address: _____

Witness Contact Work Number: _____ Cell Number: _____ Date of Birth: _____ Gender: _____

Attorney for Case: _____ Case Name: _____ Case Number: _____

Form Completed By: _____ Attorney Contact Phone Number: _____

IMPORTANT: Please attach the airline printout of the flight information when submitting this form.

Air Travel

Destination Information

Airline	Date	Flight Number	City Departing/Airport ID	Time Departing	City Arriving/Airport ID	Time Arriving

Return Information

Airline	Date	Flight Number	City Departing/Airport ID	Time Departing	City Arriving/Airport ID	Time Arriving

Lodging

Hotel Name	Address	Phone/Fax Numbers	Rate
Check-In Date		Check-Out Date	

Please Note: See JAC's website (www.justiceadmin.org) or contact pleadings@justiceadmin.org for additional travel information.