

Morris Murdock Travel Employee Travel Benefits/Discount Form

IMPORTANT NOTE:

Employee must be traveling with eligible family members.

**TO BE COMPLETED BY EMPLOYEE. SUBMIT TO ACCOUNTING DEPT.
COPY OF INVOICE OR TICKET MUST ACCOMPANY THIS FORM.**

Date of Request: _____

Employee Name: _____ Office: _____

Dept: _____

Traveler's Name: _____ Relationship: _____

Traveler's Name: _____ Relationship: _____

Traveler's Name: _____ Relationship: _____

Traveler's Name: _____ Relationship: _____

Invoice Number: _____ Commission Amount: _____

Ticket Number: _____ Date: _____

GL Number: 6281

Comments:

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____