

TRIP DETAILS FOR ASC EMPLOYEES

Date: _____

Return this form to: ASC Travel, 7400 South Tucson Way, Centennial, CO 80112-3938
Fax: 303-705-0742; phone: 800-688-8606 x33202 or 303-790-8606 x33202

NAME: <i>(last, first, full middle name)</i>		NICKNAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
MAILING ADDRESS:	PERMANENT ADDRESS: <i>(if different)</i>	CONTACT INFO: CELL: _____ WORK: _____ HOME: _____ EMAIL(s): _____	

Departing from: <input type="checkbox"/> Mailing address <input type="checkbox"/> Permanent address		U.S. Airport of Departure: _____
<input type="checkbox"/> Other: _____		
<i>Physical address required (no P.O. boxes) for mileage reimbursement. Address must be local to AOD.</i>		

Passport Status:		
<input type="checkbox"/> Valid for six months after redeployment	<input type="checkbox"/> No passport yet	<input type="checkbox"/> Other: _____

Job Title:	Winterover? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------	--

Employed by (check one):		
<input type="checkbox"/> Gana-A-‘Yoo (GSC)	<input type="checkbox"/> PAE	<input type="checkbox"/> UTMB
<input type="checkbox"/> GHG	<input type="checkbox"/> Parsons	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Leidos	<input type="checkbox"/> Six Mile	

Have you deployed before? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year? _____
--	------------------

Special Meals:*	Freq Flyer 1: Airline _____ FF # _____ Freq Flyer 2: Airline _____ FF # _____ Freq Flyer 3: Airline _____ FF # _____ TSA/Global Entry #: _____
-----------------	---

Hotels: <u>Hotels are assigned</u>	
Room Type: <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Single <input type="checkbox"/> 2 Twin Beds <input type="checkbox"/> 1 Double Bed	
Hotel Roommate: _____	
No Hotel Required: <input type="checkbox"/> Local contact phone number: _____	

**You are responsible for airline surcharges.*

