



**Travel Expense Voucher**    VoucherID: 130948    Status: New    Voucher Department: ELEG

**Traveler Information**

Last Name: Doe  
 First Name: John  
 Address: UCSB ELEC & COMP ENGINEERING  
 MAIL CODE 9560  
 City, State Zip: SANTA BARBARA, CA 93106-9560  
 Email Address: Doe@ece.ucsb.edu  
 Employee ID: 12345789  
 Vendor ID:  
 UC Employee: Yes, Traveler is a UC Employee.  
 US Citizen: Yes, Traveler is a US Citizen.  
 Home Campus: UC Santa Barbara

Payment Type: DirectDeposit  
 Payment Handling: Campus Mail to Department  
 Wire / Bank Draft: No.  
 Corporate Card: No.

**Trip Information**

Initial Departure Location: Goleta, CA  
 Primary Destination: Chicago, IL  
 Initial Departure Date - Time: **Monday, August 27, 2007 12:30 PM**  
 Final Return Date - Time: **Thursday, August 30, 2007 6:00 PM**  
 Total Number of Personal Days: 0.00  
 Total Number of Travel Days: 4.00  
 Voucher Type: This voucher contains information for Domestic Travel Only.

**Voucher Preparer Information**

Preparer's Name: Dahlen, Lisa R  
 Home Department: ELEG  
 Email Address: dahlen@ece.ucsb.edu  
 Prepared Date: 09/17/2007

**Purpose and Destination of Trip**

Travel to Chicago, IL to attend a DARPA TEAM Program Review.

**Funding Information**

**Advance Funding Information**

Number	Date	Amount	Description
	08/16/2007	\$1,479.00	Airfare, registration, hotel
<b>Total:</b>		<b>\$1,479.00</b>	

**Non UC Funding Information**

There are no Non-UC Funding Sources declared for this voucher.

**Chart of Accounts Funding Information**

Full Accounting Unit	Amount	Dept
8-XXXXXX-XXXXX5-2000-XXXX-XXXXX-DPXXXX	\$1,514.02	ELEG
8-XXXXXX-XXXXX5-2100-XXXX-XXXXX-DPXXXX	\$430.00	ELEG
<b>Total:</b>		<b>\$1,944.02</b>

**Expense Information**

**Expense Summary**

Expense	Amount
Meals & Incidentals:	\$194.81
Lodging:	\$700.11
Transportation:	\$611.10
Other:	\$438.00
<b>Grand Total:</b>	<b>\$1,944.02</b>

**Payment Summary**

Payment	Amount
Advance Amount:	\$1,479.00
Non UC Funding Amount:	\$0.00
Cash Advance Fee:	\$0.00
Amount Payable to Travel Card:	\$0.00

**Amount Due Traveler: \$465.02**  
**Amount Due UC Regents: \$0.00**

**Signatures**

I, ZACHARY MICHAEL GRIFFITH, certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

*See attached worksheet*

Traveler's Signature / Date

Authorizing Signature / Date

(Optional) Additional Authorizing Signature / Date

Print Name & Title

Print Name & Title

**Meals & Incidentals Expenses Meals & Incidentals Grand Total: \$194.81**

**CONUS (DOMESTIC) MEALS & INCIDENTALS EXPENSES FOR TRIPS LESS THAN 30 DAYS IN DURATION**

A traveler may claim a daily MAXIMUM of \$42.00 if trip is more than 12 hours in duration but less than 24 hours.

A traveler may claim a daily MAXIMUM of \$64.00 per 24 hour period.

Original receipts are required for any meal greater than \$75.

The maximum allowed amount for this voucher is \$256.00.

Claimed Amount: \$194.81

**Lodging Lodging Grand Total: \$700.11**

**CONUS (DOMESTIC) LODGING**

State	City/Location	Hotel	Nights	Rate	Tax	Other	Total
IL	Chicago	Hilton	3	\$191.00	\$31.01	\$11.36	\$700.11
			<b>Nights: 3</b>				<b>Total: \$700.11</b>

**Transportation Expenses Transportation Grand Total: \$611.10**

From/To Location	Round Trip	Airline Name	Airfare Amount	Rental Car Name	Rental Car Amount	Rental Car Gas Amount	Bus Amount	Rail Amount	Taxi Amount	Total
SBA/CHI	True	US Airways	\$476.10		\$0.00	\$0.00	\$0.00	\$0.00	\$135.00	\$611.10
<b>Totals:</b>			<b>\$476.10</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$135.00</b>	<b>\$611.10</b>

**Other Expenses Other Expenses Grand Total: \$438.00**

**Named Expenses**

Description	Amount
Parking	\$0.00
Tolls	\$0.00
Baggage Fees	\$0.00
Phone/Fax	\$8.00
Registration	\$430.00
Foreign Currency Exchange Fees	\$0.00
Travel Card Cash Advance Fee	\$0.00

# DOMESTIC TRAVEL REIMBURSEMENT WORKSHEET

Rev. 08/05

Submit completed form along with all original receipts to your travel processor.

Name: John Doe Date: 9/10/2007  
UC Employee: ☐ yes ☐ no U.S. Citizen: ☐ yes ☐ no Employee ID#: 12345789  
Payment Handling: ☐ Campus Mail to Dept. ☐ US Postal Service Address: \_\_\_\_\_  
☒ Direct Deposit ☐ Call ext. \_\_\_\_\_ when ready \_\_\_\_\_  
Email Address: doe@acc.ucsb.edu Extension: \_\_\_\_\_  
Account to be Charged: 6252 MICRO II  
Purpose & Destination of Trip: PROGRAM REVIEW, DARPA TEAM  
CHICAGO, IL

Did you obtain any Travel Advances for this trip? ☐ no ☒ yes If yes, total amount: \$ 1479.<sup>00</sup>

Initial Departure Location: GOLETA, CA Initial Departure Date: 8/27 Time: 12:30 PM

Number of Personal Days taken: 0 Final Arrival Date: 8/30 Time: 6 PM

## MEALS

Total actual amount spent on meals (Traveler may claim up to \$64.00 per 24 hour period): \$ 194.<sup>01</sup>

## LODGING\*

	Location	No. of Nights	Rate	Tax	Other <sup>interact</sup>
1)	<u>Westin Hotel</u>	<u>3</u>	\$ <u>191.<sup>00</sup></u>	\$ <u>31.<sup>01</sup></u>	\$ <u>11.<sup>36</sup></u>
2)	_____	_____	\$ _____	\$ _____	\$ _____
3)	_____	_____	\$ _____	\$ _____	\$ _____

Did you share a room? ☐ yes ☒ no If so, with whom? \_\_\_\_\_ Total hotel bill: \$ 700.<sup>00</sup>

## TRANSPORTATION

Airfare\*: \$ 476.<sup>00</sup> Rental Car\*: \$ \_\_\_\_\_ Rental Car Gas: \$ \_\_\_\_\_ Train: \$ \_\_\_\_\_  
Taxi: \$ 135.<sup>00</sup> Bus: \$ \_\_\_\_\_ Other (explain): \$ \_\_\_\_\_  
Private Car Mileage: \_\_\_\_\_ License Plate #: \_\_\_\_\_ ☐ Check here to confirm your liability insurance

## MISC. EXPENSES

Parking: \$ \_\_\_\_\_ Tolls: \$ \_\_\_\_\_ Baggage Fees: \$ \_\_\_\_\_ Phone/Fax: \$ 8.<sup>00</sup>  
Registration\*: \$ 430.<sup>00</sup> Other (explain): \$ \_\_\_\_\_

COMMENTS: Total expenses: \$ 1943.<sup>92</sup>, Remaining reimbursement: \$ 464.<sup>02</sup>

## SIGNATURES

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

XXXXXXXXXXXXXXXXXXXXX 9/10/2007  
Traveler Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Original receipts required for all airfare, rental car, lodging, registration fees, or intercity transportation (SB Airbus, Amtrak). Receipts not required for meals, local bus/taxi, rental car gas, or any other misc. expense less than \$75 per incident.

**REQUEST FOR TRAVEL APPROVAL**  
Travel on University Funds Outside Santa Barbara Area

NAME OF TRAVELER John Doe

DEPARTMENT ECE

1. FUNDS TO BE USED C252 MARLO II

2. DESTINATION Chicago, IL

3. DURATION (Dates of Trip) August 27 to 30, 2007

4. PURPOSE OF TRIP/JUSTIFICATION Program review attendance for DARPA 'TEAM' meeting

5. ESTIMATED COST:

Transportation Airfare: \$476.00, Taxi: \$135.00

Meals & Lodging Hotel: \$666.03, Meals: 194.81

Per Diem\* See below

Other Registration: \$430.00, Phone access: \$8.00, Internet: \$34.08

Total \$ 1943.92

REQUESTED BY John Doe September 10, 2007

APPROVED BY XXXXXXXXXXXXXXXXXXXX September 14, 2007  
(Date)

Dean or Provost (Date)

Chancellor (Date)

**NOTE:** Please attach the original of this form to Request for Travel Advance, Travel Expense Voucher or Form 5 Check Request, whichever is submitted first to Travel Accounting.

\* Per diems are authorized for all foreign travel; travel within Alaska, Hawaii, and all U.S. possessions, and continental U.S. travel lasting more than 30 days. Do not complete for travel in the 48 continental U.S.; use Meals & Lodging.



the westin michigan avenue  
 909 north michigan avenue chicago, illinois 60611  
 phone 312.943.7200 fax 312.397.5580  
 westin.com/michiganave

guest

Mr John Doe

travel agent/charge to

room 2743  
 rate 191.00  
 rate 1  
 no. pers. 444643 A  
 folio 1  
 page 27-AUG-07 22:43  
 arrive 30-AUG-07 11:22  
 depart  
 payment MC

DAH27A

date	reference	description	charges/credits
27-AUG-07	RT2743	Room Charge	191.00
27-AUG-07	RT2743	State Tax	22.73
27-AUG-07	RT2743	City/Local Tax	6.69
27-AUG-07	007A	Internet Service In Room	11.36
27-AUG-07	007A	Telephone Tax State	0.85
27-AUG-07	007A	Telephone Tax City	0.74
28-AUG-07	RT2743	Room Charge	191.00
28-AUG-07	RT2743	State Tax	22.73
28-AUG-07	RT2743	City/Local Tax	6.69
28-AUG-07	003A	Internet Service In Room	11.36
28-AUG-07	003A	Telephone Tax State	0.85
28-AUG-07	003A	Telephone Tax City	0.74
29-AUG-07	RT2743	Room Charge	191.00
29-AUG-07	RT2743	State Tax	22.73
29-AUG-07	RT2743	City/Local Tax	6.69
30-AUG-07	003A	Internet Service In Room	11.36
30-AUG-07	003A	Telephone Tax State	0.85
30-AUG-07	003A	Telephone Tax City	0.74
30-AUG-07	MC	Mastercard / Diners Intl	700.11-

\*\*\*For Authorization Purposes Only\*\*\*

xxxxl0195

Auth Date	Code	Authorized
27-AUG-07	00520B	830.85

Total Charges	700.11
Total Credits	700.11-
Balance Due	0.00

\*\* continued on the next page \*\*

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

FOLIO 444643 27-AUG-07

**WESTIN**  
 HOTELS & RESORTS

the westin michigan avenue  
909 north michigan avenue chicago, illinois 60611  
phone 312.943.7200 fax 312.397.5580  
westin.com/michiganave

quest John Doe

travel agent/charge to

room 2743  
rate 191.00  
rate 1  
no. pers. 444643 A  
folio 2  
page 27-AUG-07 22:43  
arrive 30-AUG-07 11:22  
depart  
payment MC

DAH27A

date	reference	description	charges/credits
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EXPENSE REPORT SUMMARY

Date	Room&Tax	Food/Bev	Telecom	Other	Total	Payment
27-AUG-07	220.42	0.00	12.95	0.00	233.37	0.00
28-AUG-07	220.42	0.00	12.95	0.00	233.37	0.00
29-AUG-07	220.42	0.00	0.00	0.00	220.42	0.00
30-AUG-07	0.00	0.00	12.95	0.00	12.95	700.11-
Total	661.26	0.00	38.85	0.00	700.11	700.11-

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

I agree to remain personally liable for the payment of this account if the  
corporation or other third party billed fails to pay part or all of these charges.

signature \_\_\_\_\_

As a Starwood Preferred Guest you have earned at least 1146  
Starpoints for this visit A723192240.

Mr John Doe  
FOLIO 444643 27-AUG-07

**WESTIN**  
HOTELS & RESORTS



847-259-1555

## RECEIPT

8/24/2007

DATE

CO.

AMOUNT

64.00

FROM

Downtown, Michigan Ave

TO

NAME

CAB NUMBER

NORTHWEST SUBURBS (847) 253-4411

WEST &amp; SOUTH SUBURBS (708) 424-7878

LAKE COUNTY (847) 568-3131

NORTH SUBURBS (847) 673-1000

DUPAGE CO. EAST (630) 920-9480

DUPAGE CO. WEST (630) 305-0700

**Taxi Affiliation Services, LLC**  
**2230 South Michigan**  
**Chicago, Illinois 60616**

www.yellowcabchicago.com

43.00 11.45 AM 8/30/07  
 \$ Time Date  
 DUTY Michigan Ave  
 Received from:

Cab fare from:

DUTY Michigan Ave

To:

Driver:

Cab #:

Account #:

## CAB FARE RECEIPT

Amount 10.00 Date 8-23-07

Trip From F. Gate UCSB

Trip To Airport

Cab No. G-11 Driver G. Williams

**GOLD CAB**  
**685-9797**

*Fly By Night Taxi*

Serving - Carpinteria - Santa Barbara - Goleta

(805) 708-2906

IF UNAVAILABLE PLEASE CALL (805) 965-6222

Date 8/30 Fare \$ 14.00

Driver Nour Cab # 5317



312-243-2537



312-829-4222

*Thank you for  
 riding with us!*

**TRAVEL ADVANCE REQUEST**

FOR UNIVERSITY EMPLOYEES AND

GRAD STUDENTS ONLY

U FIN 114-8 (R-7/86)

PLEASE INDICATE  
DATE NEEDED BY:

8/26/2007

MO/DY/YR

REQUISITION  
NUMBER:

(ACCOUNTING USE ONLY)

DATE:

8/16/2007

MAKE  
CHECK  
PAYABLE
☐
MAIL CHECK TO  
ADDRESS BELOW
☐

CALL EXTENSION

WHEN CHECK IS READY FOR PICK UP

**John Doe**

TO:

ECE Dept

NAME

ADDRESS

MC: 9560

CITY AND

ZIP

"DIRECT DEPOSIT"

TRAVELER'S NAME  
IF DIFFERENT  
FROM PAYEE

TRAVELER'S DEPARTMENT

ECE

UC EMPLOYEE ID #

IS TRAVELER  
EMPLOYED  
AT THIS  
CAMPUS

YES

☒

NO

☐
IS TRAVELER  
EMPLOYED AT  
OTHER U.C. CAMPUS

YES

☐

NO

☒

## DESTINATION AND PURPOSE OF TRIP—

The advance is to cover the costs for transportation, registration and lodging costs. Traveler does not have the funds to covers these expenses up front. To attend the DARPA TEAM 2007 program review in Chicago, IL. John allready paid for his airfare and is confirmed lodging and registration.

AMOUNT

1479.10

INCLUSIVE DATES  
OF TRIP (APPROXIMATE)

8/27/07-8/30/07

ACCOUNT NAME AND  
NUMBER TO BE CHARGED

My ECE Account

LOC

8

ACCOUNT

40XXXX

FUND

XXXXX

SUB

5

PREPARED BY

**A. Staffer**

TEL. EXT.

**5510**

AUTHORIZED FOR PAYMENT BY:

CHECK PICK UP AUTHORIZED BY:

This form should be used for requesting all travel advances, including those to be paid to travel service agencies. Retain green copy. Forward blue, yellow, and white copies to the Accounting Office. The pink copy will be sent to the traveler after the requisition number has been assigned. See Department copy for further instructions.

## BLUE: ACCOUNTING OFFICE—ORIGINAL

Please do not write below this line.

ACCOUNT				OBJECT CODE	INVOICE DATE	VENDOR'S INVOICE NO.	REFERENCE NO.	VENDOR NO.	TAX CODE	ADVANCE AMOUNT
L	NUMBER	FUND	S							
	112150								O	

## YELLOW/WHITE: ACCOUNTING OFFICE—COPY 1/COPY 2

Transaction description				Amount of Lien		Amount of Advance		Date Entered	Remarks
Date	Type	Number	Amount	Cancelled	Balance	Cancelled	Balance		

## PINK/GREEN: ACCOUNTING OFFICE RETURNS TO TRAVELER/DEPARTMENT RETAINS

**IMPORTANT INSTRUCTIONS  
TO DEPARTMENT AND TRAVELER**

The Trip number assigned by the Accounting Office in the upper right hand corner of this form **MUST** be indicated when accounting for the advance.

An accounting for this advance **MUST** be submitted on a travel expense voucher within 10 DAYS after completion of the trip.

**REQUEST FOR TRAVEL APPROVAL**  
**Travel on University Funds Outside Santa Barbara Area**

NAME OF TRAVELER John Doe

DEPARTMENT ECE

1. FUNDS TO BE USED My ECE Account

2. DESTINATION Chicago, IL

3. DURATION (Dates of Trip) August 27-30, 2007

4. PURPOSE OF TRIP/JUSTIFICATION DARPA 'TEAM' 2007 Program review and attendance

5. ESTIMATED COST:

Transportation Airfare: \$476.10

Meals & Lodging Hotel: \$573.00

Per Diem\* See below

Other Attendance fee: \$430.00

Total \$ 1479.10

REQUESTED BY John Doe August 15, 2007

APPROVED BY PI Signature goes here August 15, 2007  
Department Head (Date)

Dean or Provost (Date)

Chancellor (Date)

**NOTE:** Please attach the original of this form to Request for Travel Advance, Travel Expense Voucher or Form 5 Check Request, whichever is submitted first to Travel Accounting.

\* Per diems are authorized for all foreign travel; travel within Alaska, Hawaii, and all U.S. possessions, and continental U.S. travel lasting more than 30 days. Do not complete for travel in the 48 continental U.S.; use Meals & Lodging.

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**From:** wihl\_kristina@bah.com  
**Sent:** Thursday, August 02, 2007 9:31 AM  
**To:** john@ece.ucsb.edu  
**Subject:** Conference Confirmation

**John Doe,**

Your attendance has been confirmed for the following:

## **DARPA/MTO TEAM Final PI Review**

Sponsored By: DARPA

**Located at the The Westin Michigan Avenue Chicago  
909 North Michigan Avenue  
Chicago, IL 60611**

Dates: Tuesday, August 28, 2007 - Wednesday, August 29, 2007

Description: This meeting will be conducted in the PI format, with presentations and discussions relating to the TEAM Program and related invited speakers. TEAM presentations should summarize the goals of the project including past accomplishments, highlight new work since the last review, and also give some thought to potential future research opportunities in the areas of silicon-based RF technology.

Payment Amount: Registration Fee \$430.00 Make checks payable to Booz Allen Hamilton

**For further important information related to this conference please log into the  
OnLine Conference Registration Site (<https://www.enstg.com/Signup/>) using this  
Conference Code: DAR22907**

For questions concerning this e-mail, please e-mail Kristina Wihl, your conference coordinator at  
[wihl\\_kristina@bah.com](mailto:wihl_kristina@bah.com).

Thank you

8/14/2007

**From:** The Westin Michigan Avenue Chicago [GCCUSTSERVICE@starwoodhotels.com]

**Sent:** Tuesday, August 14, 2007 11:14 AM

**To:** JOHN @ENGINEERING.UCSB.EDU

**Subject:** Rest easy. Your reservation is confirmed.



**The Westin Michigan Avenue Chicago**  
 909 North Michigan Avenue, Chicago, Illinois 60611 United States  
 Phone: (312) 943-7200 Fax: (312) 397-5580



- ▶ **Contact Us**
- ▶ **Guest Rooms & Amenities**
- ▶ **Hotel Services**
- ▶ **Restaurants & Lounges**
- ▶ **Local Area**
- ▶ **Driving Directions**
- ▶ **Meeting & Event Facilities**

Welcome Mr Doe ,

Renewal awaits. We've received your reservation. Thank you for choosing to experience The Westin Michigan Avenue Chicago. Your mind, body, and spirit will be energized. If there's anything we can do to make your stay more rewarding, please ask.

Be Well,

Westin Hotels & Resorts

**Confirmation: 567516456**

#### **Your Reservation**

Check In	<b>27-AUG-2007 - 3:00 PM *</b>
Check Out	<b>30-AUG-2007 - 12:00 PM *</b>
Number of Rooms	<b>1</b>
Number of Guests	<b>1</b>

*\* Indicates standard hotel check-in and check-out times and does not reflect special arrangements made with the hotel.*

#### **Your Accommodations: Room 1 of 1**

Room Description

#### **A Message From Westin**

explore your  
**destination**

plan ahead ▶

#### **A Message From Starwood Preferred Guest**

No blackout dates.

Free nights  
and flights.

**Join Now**

**Breathe.**  
Westin is now smoke-free ▶

1 King

Deluxe Non-smoking, Heavenly Bed, High Speed Internet Connection,  
Lake View, Large Marble Bathroom, 395 Sq Ft, deluxe Room With  
Breathtaking Views Of Lake Michigan, Featuring Westin Heavenly Bed And  
Bath, Large Desk

Guest Name                      John Doe  
Number of Adults                1  
Number of Children            0

Remarks

**Your Rate: Room 1 of 1**Rate for **27-Aug-07** to **30-Aug-07**

Rate Plan: DARPA MTO TEAM MEETI

**191.00** in US DOLLARS per night**Taxes**

State Tax 15.4 Percent Per Room Per Night Not In The Rate

**Guarantee and Cancellation Policies**

Your room is guaranteed with a(n) MASTER CARD card.

Cancel by 4pm Hotel time 1 Day(s) prior to avoid 1 Night penalty

Room taxes may be charged on penalties.

**Package Handling Policy**

There is a package handling fee for all incoming and outbound packages.  
Please contact the hotel directly for the exact fee.

**Smoking Policy**

All guest rooms and suites are non-smoking. A \$200 non-refundable  
cleaning fee will be charged to guests who smoke in the room.

**Your Privacy**

Please note: For security purposes, you will be asked to provide a valid  
government or state-issued photo ID at check-in.

This email may contain links to websites that collect personally identifiable  
information about you. Starwood Hotels & Resorts Worldwide, Inc. is not  
responsible or liable for the actions of such independent websites, and  
encourages you to review the privacy statements and policies of such  
websites to understand how they collect, use and store such information.

[Click here](#) for Starwood Hotels & Resorts Worldwide, Inc.'s Privacy  
Statement.

**Disclosure**

Starpoint® balance may not reflect your most recent activity and may not  
include Starpoints earned or redeemed for the current transaction.

**Cancel Information**

To cancel or modify a reservation booked online, please visit [westin.com](http://westin.com).  
For assistance with all other reservations, please contact Westin at 800-  
937-8461 if you are calling from the United States or Canada. Otherwise,  
[click here](#) for the telephone number of the Worldwide Reservation Office  
nearest you. Please note that reservations cannot be canceled via email.

**Your Starwood  
Preferred Guest  
Details**

Member Name:

John Doe

SPG Number: **xxxxxx240**Starpoint Balance: **0**[Login to Your Account](#)



...ARE JUST...  
...you need is right here everything you...  
...are just the beginning...  
GREAT CUSTOMER EXPERIENCES TO BE



SALES PERSON: J7  
CUSTOMER NBR: 3500000001

ITINERARY

L10Y0F

DATE: 14 AUG 07  
PAGE: 01

TO: STA TRAVEL  
2211 UNIVERSITY CENTER  
UNIVERSITY OF CALIFORNIA  
SANTA BARBARA CA 93106  
805-938-5151

STA TRAVEL SANTA BARBARA  
UNIVERSITY CALIFORNIA SANT  
2211 UNIVERSITY CENTER  
SANTA BARBARA CA 93106-60  
PHONE 805-938-5151  
FAX 805-685-6858

FOR: DOE, JOHN MR

YOU ARE TRAVELING ON AN ELECTRONIC TICKET

YOU WILL NEED GOVERNMENT ISSUED PHOTO IDENTIFICATION TO CHECK IN

27 AUG 07 - MONDAY

AIR US AIRWAYS FLT:12770 COACH CLASS  
OPERATED BY MESA AIRLINES DBA AMERICA WEST EXPRESS  
LV SANTA BARBARA 155P

EOP: CR9  
01HR 12MIN  
NON-STOP

AR LAS VEGAS  
ARRIVE: TERMINAL 1

307P

AIR US AIRWAYS FLT:321 COACH CLASS  
OPERATED BY AMERICA WEST DBA US AIRWAYS  
LV LAS VEGAS 412P

REF: DD7VK4  
FOOD FOR PURCHASE

DEPART: TERMINAL 1  
AR CHICAGO OHARE  
ARRIVE: TERMINAL 2

955P

EOP: AIRBUS A320  
03HR 43MIN  
NON-STOP  
REF: DD7VK4

30 AUG 07 - THURSDAY

AIR US AIRWAYS FLT:294 COACH CLASS  
OPERATED BY AMERICA WEST DBA US AIRWAYS  
LV CHICAGO OHARE 140P

FOOD FOR PURCHASE

DEPART: TERMINAL 2  
AR MOENIX  
ARRIVE: TERMINAL 4

510P

EOP: AIRBUS A320  
03HR 38MIN  
NON-STOP  
REF: DD7VK4

AIR US AIRWAYS FLT:2718 COACH CLASS  
OPERATED BY MESA AIRLINES DBA AMERICA WEST EXPRESS  
LV MOENIX 122P

DEPART: TERMINAL 4  
AR SANTA BARBARA

553P

EOP: CR9  
01HR 51MIN  
NON-STOP  
REF: DD7VK4

BE COME A TRAVEL ADDICT

www.statravel.com/traveladdict



LOW FARES ARE JUST THE BEGINNING...  
...everything you need is right here...  
...the beginning low fares are just the beginning...  
...GREAT CUSTOMER EXPERIENCES CREATED HERE...



SALES PERSON: 07  
CUSTOMER NBR: 3500000004

ITINERARY

L10YOF

DATE: 14 AUG 07  
PAGE: 02

TO: STA TRAVEL  
2211 UNIVERSITY CENTER  
UNIVERSITY OF CALIFORNIA  
SANTA BARBARA CA 93106  
805-968-5151

STA TRAVEL SANTA BARBARA  
UNIVERSITY CALIFORNIA SANT  
2211 UNIVERSITY CENTER  
SANTA BARBARA CA 93106-60  
PHONE 805-968-5151  
FAX 805-685-6253

FOR: GRIFFITH/ZACHARY HR

PLEASE CHECK WITH EMBASSY REGARDING VISA REQUIREMENTS  
CURRENT VISA AND VACCINATION REQUIREMENTS ARE THE  
RESPONSIBILITY OF THE TRAVELER...NOT STA...  
WE HIGHLY RECOMMEND TRAVELERS INSURANCE..PLEASE ASK US  
HAVE A SAFE AND MEMORABLE JOURNEY...STA SANTA BARBARA  
US PHONE-USAIR/DOMESTIC.....800-428-4322  
US PHONE-INTERNATIONAL.....800-622-1015  
FOI17 -- US AIRWAYS TICKET RULES

THIS TICKET IS FULLY NON REFUNDABLE. THE AIRLINE  
PENALTY FOR CHANGES TO THIS TICKET IS 100.00,  
CHANGES RESULTING IN A HIGHER FARE REQUIRE THE  
DIFFERENCE IN FARE BE PAID IN ADDITION TO AIRLINE  
CHANGE PENALTIES. CHANGES TO THE OUTBOUND PORTION  
OF YOUR TICKET MAY REQUIRE THAT YOU UPGRADE TO THE  
NEXT HIGHEST FARE CLASS AND PAY THE DIFFERENCE IN  
FARE IN ADDITION TO THE DATE CHANGE PENALTY. STA  
TRAVEL CHARGES A FEE OF USD 25.00 FOR ALL CHANGES,  
IN ADDITION TO ANY FEES CHARGED BY THE AIRLINES.  
CHANGES MUST BE MADE \*PRIOR\* TO THE ORIGINAL DATE  
OF TRAVEL OR YOUR TICKET BECOMES NULL AND VOID.

GOVERNMENT ISSUED PHOTO IDENTIFICATION IS REQUIRED  
FOR CHECK IN ON ALL FLIGHTS

YOU ARE TRAVELING ON A U.S. ELECTRONIC TICKET.  
FOR BOARDING PASS, PRESENT PHOTO ID AND AIRLINE  
CONFIRMATION AT CHECK IN.

FARES ARE SUBJECT TO CHANGE  
FARE FROM NEW YORK TO LONDON 451.10  
FARE FROM LONDON TO NEW YORK 451.00  
TAXES AND FEES 25.00  
TOTAL 927.10  
SOLD FOR DOE

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The original receipts should  
have the person's name and  
indicate that their credit card  
was charged or that they had  
paid the total  
in this case 451.10 + 25.00=  
\$476.10 for the flight