STATE OF MAINE
AIR TRAVEL QUOTATION FORM

FOR TRAVEL FROM: _____ **TO:** _____

DEPARTURE DATE: _____ **RETURN DATE:** _____

NAME: _____

Account Number:	
Reporting Category:	
Project Number:	

#1. Source Name: _____ City/Town: _____

Agents Name: _____ Phone: _____
(if applicable)

Fare Quoted: _____ Accepted: _____
(yes/no)

#2. Source Name: _____ City/Town: _____

Agents Name: _____ Phone: _____
(if applicable)

Fare Quoted: _____ Accepted: _____
(yes/no)

#3. Source Name: _____ City/Town: _____

Agents Name: _____ Phone: _____
(if applicable)

Fare Quoted: _____ Accepted: _____
(yes/no)

Instructions:

1 This form **should** be completed for all air line tickets purchased. You should have quotes from at least three travel agents or Internet vendors for each trip.

2 Indicate departure city and destination city.

3 This form must be attached to your Out-of-State Travel and/or Travel Advance (BP 14). NOTE: Travel advances **will not** be made for the airfare.