



Department of Computer Science
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CENTRAL AIRFARE BILLING SYSTEM AUTHORIZATION

C#: _____

Travel Agency: _____

Traveler Name: _____ PID# (Only if applies): _____

Email Address: _____

Purpose for Travel: _____

Travel Destination: _____

Departure Date: _____ Return Date: _____

Estimate of Airfare: _____

Project to be charged: _____ PI (Professor): _____

Signature: _____

(Please have PI sign here to approve the billing of this project)