

eROF Travel

<i>Date Submitted:</i>		<i>Attorney Name:</i>		<i>Attorney Phone Number:</i>	
<i>Return E-mail Address(es):</i>					
<i>Client Name: (Last Name, First Name)</i>			<i>Case Number:</i>		
<i>Case Type:</i>		<i>Primary Charge:</i>			
<i>Purpose of Travel:</i>				<i>Traveler Name:</i>	
<i>Traveler DOB:</i>	<i>Traveler Cell Phone:</i>	<i>Traveler E-mail:</i>		<i>Destination:</i>	
<i>Departing Airport:</i>		<i>Departing Airline:</i>	<i>Flight Number:</i>	<i>Departure Date:</i>	<i>Departure Time:</i>
<i>Arriving Airport:</i>		<i>Return Airline:</i>	<i>Flight Number:</i>	<i>Return Date:</i>	<i>Return Time:</i>
<i>City of Stay:</i>		<i>Hotel Needed:</i>		<i>Transportation Needed:</i>	
		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<i>City Zip Code:</i>		<i>Preferred Hotel:</i>		<i>Type of Transportation:</i>	
<i>Additional E-mail notifications:</i>		<i>Check In Date:</i>	<i>Check Out Date:</i>	<i>Pickup Time:</i>	<i>Return Time:</i>
<i>Rationale & Special Instructions:</i>					

OCC Administration

<i>OCC Comments:</i>	
<i>Disposition:</i>	<i>Authorized Signature & Date:</i>