

# STATE OF MICHIGAN

- New Profile      New/Different Dept.  
 Revised Profile

Agency Use Only: Date & Initial  
 WorldSpan \_\_\_\_\_ ResX \_\_\_\_\_

## PERSONAL INFORMATION

Name*:		Home Phone: (    )
*As it appears on your government issued identification.		
Department:		Office Phone: (    )
Agency/Division:		Cell Phone: (    )
E-Mail:		Fax #: (    )
Agy#:	5-Digit Index:	5-Digit PCA:

## SECURE FLIGHT INFORMATION: Name must match identification exactly \*\*required

**First Name:		Middle Name:	**Last Name:	
**DOB:	**Gender:	Redress #:	Known Traveler #:	
<b>ID Mail Address</b>				
<b>US Mail Address</b>	Building:		Room #:	
	Street:		PO Box:	
	City:	State:	Zip:	
Travel Arranger:			Phone: (    )	
Travel Arranger Email:				
Emergency Contact:			Phone: (    )	
<b>International Travel</b>	Country of Issue:	Passport #:	Expiration Date:	

## AIR TRAVEL SERVICES

<b>Airport Preference</b>	<input type="checkbox"/> Lansing <input type="checkbox"/> Flint <input type="checkbox"/> Saginaw (MBS)	<input type="checkbox"/> Detroit (City) <input type="checkbox"/> Detroit (Metro) <input type="checkbox"/> Grand Rapids	<input type="checkbox"/> Escanaba <input type="checkbox"/> Houghton <input type="checkbox"/> Marquette	<input type="checkbox"/> Kalamazoo <input type="checkbox"/> Other:
<b>Seat Preference</b> Some seats held for airport check-in only	<input type="checkbox"/> Aisle <input type="checkbox"/> Window	<input type="checkbox"/> Forward <input type="checkbox"/> Rear	<input type="checkbox"/> Bulkhead (on request only) <input type="checkbox"/> Exit row (on request only)	
<b>Diet Preference</b> Varies by airline / requires at least 24 hour notice	<input type="checkbox"/> Diabetic <input type="checkbox"/> Low fat	<input type="checkbox"/> Kosher <input type="checkbox"/> Muslim	<input type="checkbox"/> Low sodium <input type="checkbox"/> Vegetarian	
<b>Restrictions</b>	Please indicate any physical restrictions that may require special arrangements: _____			

CAR RENTAL SERVICES		
<b>Car Type</b>	<input type="checkbox"/> Automatic transmission only <input type="checkbox"/> Hand controls required <input type="checkbox"/> Other:	
<b>Express Rentals</b> Vendor and car size may be determined by State travel directive.	Company: 1. 2.	Membership ID #: 1. 2.

LODGING SERVICES		
<b>Room Type</b>	<input type="checkbox"/> Smoking <input type="checkbox"/> Handicap accessible <input type="checkbox"/> Non-smoking <input type="checkbox"/> Other:	
<b>Preferred Hotels</b> Many hotel reservations require a credit card guarantee. Traveler must obtain a cancellation confirmation in order to avoid billing on unused hotel stays.	Hotel Name: 1. 2. 3. 4. 5.	Frequent Guest #: 1. 2. 3. 4. 5.

**All information herein is confidential. It is for use by Passageways Travel in facilitating travel reservations and is only on file at their offices. Fax completed form to Passageways Travel at (517) 351-8111**

**AUTHORIZATION**

"I hereby warrant that I am a State of Michigan Employee and request Passageways Travel to apply discounts and charge authorized travel as per State of Michigan purchasing guidelines."

"I hereby warrant that I am 62 years of age or older and request Passageways Travel to apply Senior savings discounts when available"

I hereby authorize Passageways Travel to hold my signature on file in order to charge and/or to guarantee hotel and car travel arrangements as well as personal travel arrangements to my designated credit card.

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Credit Card Verification # (3 or 4 digit number on back of card)** \_\_\_\_\_

**This last section should not be transmitted via e-mail. Please print, fill-out, and fax or mail:  
 Passageways Travel  
 3032 E. Lake Lansing Rd.  
 East Lansing, Mi 48823  
 Fax: (517) 351-8111**