

Travel Request Form

Company: Frontier Logistics
Frontier Transport
KPB Landbridge

Date of Request:
Extension: Yes No

Traveler Information										
Traveler Name						Employee ID				
Contact Information						Date of Birth				
Position/Title						Gender				
Traveler Type		Employee		Staffing Agency/Contractor		Owner Operator		Other		
Trip Information										
Departure Date					Return Date					
Origin (From)					Destination (To)					
Trip Purpose										
Travel Options										
Flight		Yes No		Departure Time:			Return time:			
REAL ID		Yes No		Checked Bag		Yes No		Known Traveler/TSA #		
Rental Car		Yes No		Valid Credit Card on file (Traveler's Name)				Yes No		
Frontier will not reimburse for additional insurance No family members, friends, or non-employees allowed to drive Any accidents, damages, or breakdowns must be reported immediately to the rental agency and the Travel group										
Ground Transportation (Company/Personal Vehicle)										
Company Vehicle		Yes No		Personal Vehicle		Yes No		Vehicle Allowance		
								Yes No		
Lodging										
Hotel Reservation		Yes # of nights _____ No			Check-In:		Check-Out:			
Reimbursement Type (Per diem, Fuel and Maintenance)										
Per Diem Card		Payroll		If you choose Payroll, per diem cannot be advanced and will be paid with your regular payroll cycle.						
*****Travel Office Use Only*****										
Travel Number					Mileage/Vehicle Allowance					
Misc anticipated expenses: (e.g., Taxis, Parking, Rental Car and other allowable miscellaneous expenses.)										

Approved By: _____ Signature: _____ Date: _____

Employee signature: _____

09/09/2025