REQUEST FOR TRANSPORTATION ON HAWAIIAN AIRLINES FOR ELIGIBLE SURVIVING SPOUSE AND DEPENDENTS OF HAWAIIAN AIRLINES DECEASED EMPLOYEE

1. <u>DECEASED EMPLOYEE INFORMATION:</u>

		Deceased EMPLOYEE		
Full Name	Employee Number	Title	Hire Date	Phone Number
2. <u>INDIVIDUALS TRAV</u>	ELING:			
<u>Name</u>		Relationshi	p	Child's Age
3. TRANSPORTATION REQUESTED ON HAWAIIAN AIRLINES:				
From: To:	То:	То:		Го:
Date Tickets Needed:				
Amount Attached Check or Cash, No Charge Car		es: From PPG to HNL 3.00 per person From PPT to HNI 24.10 per person		
Fees and taxes subject to change	2			_
<u>Please call HA Reservations at (808) 835-3993 or 1-888-899-9875 to meal list and verify current charges for international Fees and Taxes.</u>				
Note: For tickets mailing service, attach self-addressed, stamped return envelope.				
Please allow five working days for processing and forward your request form to:				
Hawaiian Airlines P.O. Box 30008				

Honolulu, HI 96820-0008 Attn: Pass Bureau

PB form 0002