

		TOTAL	
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TRAVEL DELAY			
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Flight No. _____ Date ___/___/___ From _____ to _____
 Scheduled time of Departure: _____ Actual time of Departure: _____ No. of Hours delayed: _____
 Whether accomodation & boarding provided by carrier: Yes No

Details of Expense incurred	Date	Place	Amount
TOTAL			

TRIP CANCELLATION / TRIP INTERRUPTION			
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Flight No. _____ Date ___/___/___ From _____ to _____
 Scheduled time of Departure: _____ Cause for Cancellation / Interruption : _____

Details of Expense incurred*	Date	Place	Amount
Amount refunded by Common Carrier and Hotel			
TOTAL			

**Please note that this coverage applies if Trip is cancelled due to Illness, Injury or death to: You; Your Traveling Companion; Your Immediate Family*