



Name of Employee _____ Vendor ID Number _____
(Please Print) (Contact Purchasing if new employee)

Employee Email Address _____

Name of Department Head or Dean _____

Email of Department Head or Dean _____

Date(s) and Location(s) of Travel _____

Estimated Cost \$ _____ Account(s) to be Charged _____

Purpose of Travel _____

Give a brief justification for travel. Please include the benefit to the University and list other employees who may be traveling for the same purpose. _____

Employee Signature _____ Date: _____

I hereby certify that this employee is approved to travel as indicated above and that the funds will be available for reimbursement after travel is complete. Reimbursement requires accurate completion of the OMES form 19.

Signature of Department Head or Dean _____ Date: _____

Signature of Vice President _____ Date: _____

Signature of President _____ Date: _____

- ☐ **ALL** travel (in-state and out-of-state/international) must be approved by the President.
- ☐ Approval must be obtained prior to travel.
- ☐ Prior to travel, send a copy of this form to the office of the Vice President of Fiscal Affairs, Page Hall, room 218.
- ☐ After travel, submit the original along with the OMES form 19 to Accounts Payable, Page Hall, room 230.

All signatories should retain a copy of this document.