

Employee Travel Request Form

A COPY OF THE TRAVEL MEMO WITH DIRECTOR'S SIGNATURE MUST BE INCLUDED WITH THIS FORM.
ITINERARIES WILL NOT BE PREPARED WITHOUT THIS WRITTEN APPROVAL.

This form and all attachments should be submitted to ODOC Travel Coordinator within 48 hours of approval from ODOC director's office and a minimum of 14 days before date of departure.

*****Currently, all airfare is being purchased as non-refundable and most economical for the Agency.*****
*****There will be no changes/cancellations made to these arrangements after purchase.*****

Employee Information:

Name (**Exactly** as it appears on employee Driver's License): _____
Contact Phone Number (**Only** used for the airline to contact in regards to changes in itinerary): _____
Date of Birth: _____ State-Issued Employee Identification Number: _____
Gender (if name is Unisex): _____
City of Origin (Oklahoma City or Tulsa): _____
City & State of Destination: _____
Date of Departure from Origin: _____ Date of Return from Destination: _____

American Airlines is the statewide contract vendor. The following can be obtained from AA.com.

LIST TIMES OF FLIGHTS, NOT FLIGHT NUMBERS.

Origin

1st choice- Leaving: _____

2nd choice- Leaving: _____

3rd choice- Leaving: _____

Destination

1st choice- Leaving: _____

2nd choice- Leaving: _____

3rd choice- Leaving: _____

Special Requests (wheelchair assistance, etc.)

Explain how this travel is essential to performing your job:

The following can be obtained from your Business Office and is required to be completed before sending:

Billing Contact Person: _____

Funding Information (Class Funding, Department Code, CFDA Number (If Government Funds)):

Bill To/Ship to Code: _____

Employee Signature/Date: _____

Supervisor Name (printed): _____

Supervisor Signature/Date: _____