

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

Oklahoma Department of Corrections Employee Travel Request Form

This form and all attachments should be submitted to DOC Travel Coordinator within 48 hours of approval from DOC 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 **mandatory** 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)

*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: _____