

A COPY OF THE APPROVAL OF TRAVEL 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

Employee Name (Exactly As It Appears on Driver's License): \_\_\_\_\_

Employee Contact Phone Number (**Only** used for the airline to contact the traveler in regards to changes in itinerary): \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

DOC-Issued Employee Identification Number: \_\_\_\_\_

Employee Gender (If Name Is Unisex): \_\_\_\_\_

City of Origin (Oklahoma City or Tulsa): \_\_\_\_\_

City 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. Do not list flight numbers.**

### Origin

1<sup>st</sup> choice- Leaving: \_\_\_\_\_ 1<sup>st</sup> Connection: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

2<sup>nd</sup> choice- Leaving: \_\_\_\_\_ 1<sup>st</sup> Connection: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

3<sup>rd</sup> choice- Leaving: \_\_\_\_\_ 1<sup>st</sup> Connection: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

### Destination

1<sup>st</sup> choice- Leaving: \_\_\_\_\_ 1<sup>st</sup> Connection: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

2<sup>nd</sup> choice- Leaving: \_\_\_\_\_ 1<sup>st</sup> Connection: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

3<sup>rd</sup> choice- Leaving: \_\_\_\_\_ 1<sup>st</sup> Connection: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

Special Requests (Wheelchair assistance, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following can be obtained from your Business Office:

Billing Contact Person:

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

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Bill To/Ship To Code:

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Employee Signature/Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature/Date: \_\_\_\_\_

**This form should be submitted within 48 hours of approval of travel.**

**We will do our best to accommodate times requested, but there are no guarantees. Tickets will be purchased directly from times and information provided above.**