New Traveler Form

Date:

Name of New Traveler: **Email Address:**

Z # of New Traveler:

Default Coding:

        Fund _____

        Org _____

        Program _____

The account number is not needed. The appropriate account number will be selected when the Expense Type is chosen when entering travel expenses.

Traveler Signature _____

Traveler Supervisor Signature _____

Please fill out this form and send via email to travel@oru.edu. In the subject line of the email, please type "New Traveler Form".