



## **Travel Acknowledgment & Payroll Deduction Authorization**

This form must be completed, signed, and kept on file. A copy of the completed and signed form **must** be submitted with each Travel Authorization request for the fiscal year. Failure to submit this form with your Travel Authorization will result in processing delays.

### **Employee Traveler Acknowledgment:**

**I understand the travel policy requirements and that failure to comply with travel guidelines may subject me to disciplinary action. I acknowledge as a state public employee, it is my personal responsibility to provide sufficient supporting documentation in a timely manner for all travel-related expenses. I understand that failure to comply with travel requirements may result in the denial of reimbursement and that any disallowed expenses may be recovered through payroll deduction. I authorize payroll deduction for any disallowed expenses as described related to this travel within 60 days from the date of travel.**

Employee Traveler Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_

### **Supervisor Approval:**

**I confirm that the travel is approved and that the employee is aware of their responsibilities.**

Supervisor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Division Vice President Approval:**

**I confirm that the employee and supervisor understand the travel acknowledgment and the payroll deduction authorization.**

Division VP Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: I authorize deduction during the fiscal year travel is incurred or when discovered. A fiscal year is between July 1 and June 30.**