

Instructions for Travel Distribution

1. Shaded columns to be filled in by department:
 - Submitted by
 - Account Number
 - Amount
 - Last 4 Digits of SSN
 - Name
2. Form should be typed or printed.
3. Name should be entered as last name, first name, middle initial. **NO NICKNAMES** are to be used.
Must have given name. If individual goes by initials we must have TWO (2) initials and last name.
4. Last four digits of SSN entered must have four (4) numerical digits.
 - * The full SSN is required for non employees of the University in order to comply with the reporting requirements of the Internal Revenue Service. Please print this form and fill in the full SSN for non employees.
5. Submitted by line should be signed by individual actually completing the form.