**PERMISSION TO SIGN FORM**

**Western Kentucky University**

**Travel Reimbursement**

**Signature Release and Authorization Form**

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) or a department designee from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (department/area), to execute the online University travel voucher and sign on my behalf. The voucher is prepared from my expense calculations submitted by mail or email for reimbursable travel expenses.

Due to the fact my residence and/or work assignment are not in Bowling Green, Kentucky, I am not able to sign these original forms without significant delay in processing. By allowing the above listed department/area to submit my travel voucher and by accepting the funds, I agree and understand that such actions will serve as my personal verification and confirmation that all information on said voucher is correct and accurate.

I agree to the terms of this release and authorization.

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

Signature Date

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

Printed Name