

Confirmation of Authorized Travel

This form must be submitted when an accident has occurred involving a rental vehicle during Wichita State University business. Contact Travel Services Department with any questions at 316-978-3070 or wsutraveloffice@wichita.edu.

Supervisor Signature	Date:	
I certify that the above-mentioned employee was on official Wici	chita State University business when the accident occurred.	
Supervisor Certification:		
Purpose of Travel:		
Dates of Travel:		
WSU Employee Name:		