

Travel and Expense Authorized/Ad Hoc Approval Signature Form

*Disclaimer- For Approval Signature Only

| Traveler | Mendy Ingiaimo | |
|--------------------------|-----------------------------------|--------------------------------------|
| Department | Biomedical Sciences | |
| Expense Report ID | 3000014662 | |
| Dates | From 11/16/2018 | To 11/16/2016 |
| Description of Trip | Emerging Leaders Program - Colum | bia, SC |
| The signature is for the | e Traveler's manager/supervisor o | r departmental authorized signature. |
| Authorized Signature | | Date |
| Ad Hoc Approvals: | | |
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Department

Departmental Approval