

**CONCUR AUTHORIZATION FORM  
FOR FACULTY/STAFF**

**Complete this form ONLY if Faculty/Staff cannot logon to Concur through the YSU portal.**

Banner ID#	
Legal Name	
YSU Email Address	
Default Fund #	
Default Organization #	
Default Program #	
Financial Manager over Default Fund/Org	
Delegate Name (If desired)	

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Financial Manager Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Manager of Accounts Payable & Travel Signature

\_\_\_\_\_

Date

**Please email the completed form to: [travelservices@ysu.edu](mailto:travelservices@ysu.edu). The faculty/staff named above will be contacted by Travel Services with instructions on how to proceed after authorization has been received and access has been established.**

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