



Office of Vice President for Finance and Administration  
Oregon State University  
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## Memorandum of Understanding

### Failure to Obtain an Airfare Quote from a Contracted Vendor

**Purpose:** In response to a violation of OSU FIS Policy 411-01 - Air Transportation, this memorandum of understanding serves as formal notification that you have made an unjustified purchase of airfare and provides educational guidance to facilitate future compliance with applicable university policies and procedures.

**Condition/Criteria:** It has come to our attention that you purchased airfare transportation from a non-contracted vendor without first obtaining a quote from a contracted vendor as required by FIS 411-01. Accordingly, if during the ensuing two year period you neglect to obtain an airfare quote from a contracted vendor prior to purchasing airfare from a non-contracted vendor, you will be held personally liable for the cost/payment of the airfare.

**Requirements:** Before your current travel reimbursement can be processed, your acknowledgement of the following is required:

1. You understand the requirements for airfare purchases as delineated within FIS 411-01 - Air Transportation.
2. From this point forward, you will obtain and submit a quote from an OSU contracted vendor prior to purchasing airfare from a non-contracted vendor. This quote will be used to document the justification of the purchase and the economic benefit to the University.
3. You understand that your negligence to comply with these requirements at any time during the following two year period will result in your being personally liable for any associated airfare purchases.

**Business Affairs:**

*Aaron D. Howell*  
Director of Business Affairs

**Business Center Manager:**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Business Center: \_\_\_\_\_  
Date: \_\_\_\_\_

Please sign below to indicate your acknowledgement of this information and return this document to the attention of the Business Center noted above so your reimbursement request can be processed.

**OSU Employee - Compensated Traveler**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Dean / Department Head**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_