



TRAVEL REQUEST FORM

TRAVEL AUTHORIZATION CONTACT

Rebecca Persons

ASB, Room 430

(502) 597-6612

rebecca.persons@kysu.edu

In-State Out-of-State International Request for travel advance Yes No If yes, amount \$ _____

To be reimbursed for travel expenses incurred while traveling on behalf of the University, this Travel Request Form must be submitted to the Travel Department at least 15 days prior to the expected date of travel. For international travel, the Travel Request Form must be submitted at least 30 days prior to expected date of travel. A separate form is required for each person requesting approval.

TRAVELER'S INFORMATION

Name _____ KSU ID# _____ Male Female

Department/Project _____

Telephone _____ Email _____

BUDGET(S)

Fund _____ Organization _____ Account _____ Program _____

Externally sponsored travel? Yes No If yes, Sponsor Contact _____

External Sponsor Telephone _____ Email _____

TRAVELER'S DESTINATION

Destination _____ From Date _____ To Date _____

Conference/Meeting Title _____ No. of Students _____ (Attach Roster with KSU ID numbers)

Purpose of Travel/Statement of Benefit _____

MODE OF TRANSPORTATION

Airline Train Campus Transportation Rental Vehicle Personal Vehicle

Airline Reservation Confirmed By: Traveler Travel Coordinator (charge via P-Card)

Departure Time _____ Return Time _____ Estimated No. Driving Miles _____

LODGING

Hotel Name _____ Address _____

Hotel Telephone _____ Number of Room(s) _____

TRAVEL COST ESTIMATE

| | Per Diem | Lodging | Car Rental | Mileage | Personal Vehicle | Public Carrier | Registration | Misc. Expenses | TOTAL |
|------------------------|----------|---------|------------|---------|------------------|----------------|--------------|----------------|-------|
| Travel Card | | | | | | | | | |
| P-Card | | | | | | | | | |
| Travel Advance | | | | | | | | | |
| Personal Credit Card | | | | | | | | | |
| Estimated Cost of Trip | | | | | | | | | |

SIGNATURE APPROVAL

My signature below indicates that I understand and I am responsible for making good faith effort to secure the most economical and reasonable method of transportation, lodging and all other costs. I will certify that all costs incurred and reported by me for this period of travel is true and accurate in all respects.

Traveler Date

Business Office Date

Department Head/Chair Date

Grants (if funds are available) Date

Vice President Date

President (required for International and VP Travel) Date