

IMSE Graduate Student Travel Request

Students must request funding from the Graduate Student Council and their major professor to be eligible for department travel funds.

Traveler: _____ **Date Submitted:** _____

Purpose of Travel: _____

Objectives: _____

Plan to achieve objectives through this travel: _____

Expected Expenses:

Transportation:	_____
Lodging:	_____
Registration:	_____
Meals:	_____
Other:	_____ (Please Explain): _____
TOTAL:	_____

Sources:

	Amount	Approval	Date
Faculty Supervisor Commitment	_____	_____	_____
Department Request	_____	_____	_____
College Request	_____	_____	_____
Graduate Student Council	_____	<u>Attach Copy of GSC Request</u>	
Other University Source:	_____	_____ <i>Specify Source</i>	
Personal Funds Committed:	_____		
TOTAL:	_____		

If approved, I agree to provide a trip report to my faculty supervisor and to the IMSE department head within two weeks after I return. The trip report should include:

1. Analysis of achievement of planned objectives
2. General summary of participation in the conference/program/workshop.
3. List of key contacts made.

(For Department Use Only)

Total Funds Previously granted:

Student Signature **Date**

Please note: Reimbursement of expenses is limited to the amounts allowed by state travel policies. It is the student's responsibility to know expense limits and to provide necessary documentation to get reimbursed.

TRAVEL REQUEST

TRAVELER: _____ TRAVEL REQUEST # _____

DESTINATION: _____

PURPOSE OF TRAVEL: _____

ACCOUNT FUNDING TRAVEL: NAME _____

NUMBER: _____

DATE & TIME LEAVING MANHATTAN: _____ A.M./P.M.

DATE & TIME RETURNING MANHATTAN: _____ A.M./P.M.

Conference Meeting? YES _____ NO _____

Conference Site Hotel? YES _____ NO _____

Registration Fee? YES _____ NO _____ COST: _____

Meals Provided? YES _____ NO _____

ARE YOU GOING TO SHARE A ROOM? YES _____ NO _____

AIRFARE: (COST OF ROUND TRIP TICKET): \$ _____

*PRIVATE VEHICLE USED: YES _____ (56 cents per mile to & from KCI) NO _____

*RENTAL CAR? NO _____ YES _____ COST PER DAY: _____ Purpose: _____

*Motorpool Vehicle Used?: YES _____ NO _____

*Roadrunner/Shuttle Used?: YES _____ NO _____

*Lodging – Approx. Cost Per Night: _____ (with tax)

PLEASE REMEMBER:

OBTAIN YOUR OWN RECEIPTS, YOU MUST PAY FOR YOURSELF ONLY

(PRIOR APPROVAL IS NEEDED TO HAVE SOMEBODY ELSE PAY FOR YOU/OR YOU PAY FOR ANOTHER PERSON.)

The State does not pay for extra insurance or any extras on a rental car agreement.

*PLEASE RETURN TO MYRA AS SOON AS POSSIBLE. *Thank You!* 😊