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:

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<th>Source</th>
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<td>Faculty Supervisor Commitment</td>
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<td>Department Request</td>
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<td>Other University Source:</td>
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<td>Personal Funds Committed:</td>
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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.

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! 😊