TRAVEL REQUEST

TRAVELER: _______________ TRAVEL REQUEST #: _______________________

CURRENTLY EMPLOYED BY KSU? YES _______ NO _______

DESTINATION (City/State): ________________________________

PURPOSE OF TRAVEL: ________________________________

ACCOUNT FUNDING TRAVEL: NAME ________________________________
(REQUIRED – We must know what account to charge.) NUMBER: ________________________________

DATE & TIME LEAVING MANHATTAN: __________________ AM/PM - RETURNING TO MANHATTAN __________________ AM/PM

CONFERENCE/EVENT DATES: Beginning __________________ Ending __________________

Conference? YES ______ NO ______ Conference Site Hotel? YES ______ NO ______

Name of Conference: ___________________________________________________________

Registration Fee? YES ______ NO ______ COST: ____________________________ Paid: (circle one) out of pocket/dept. credit card

Meals Provided with registration? YES ______ NO ______ Indicate which meals below:

ARE YOU GOING TO SHARE A ROOM? YES ______ NO ______ If so, with whom? ________________________________________

AIRFARE: (COST OF ROUND TRIP TICKET): $__________________________ Paid: (circle one) out of pocket/dept. credit card

LODGING Approx. Cost Per Night: ______________________ (with tax)

PRIVATE VEHICLE USED: YES ______ NO ________ (58 cents per mile to & from KCI)

RENTAL CAR? YES ______ NO ______ COST PER DAY: __________________ Purpose: ________________________________

Motor pool Vehicle Used? YES ______ NO ______

Roadrunner/Shuttle Used? YES ______ NO ______

Personal travel included? YES ______ NO ______ Beginning __________________ Ending __________________

PLEASE REMEMBER:

OBTAIN AND SUBMIT 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 pays for basic economy airfare, does not pay for extra insurance or any extras on a rental car agreement and all reimbursements must have a business reason.

If paid with Foundation funding, you will need actual itemized meal receipts!

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

Travelers Signature ______________________________________ Date ______________

Students: Sponsoring Professor Signature __________________________ Date _____________