REQUEST FOR OUT-OF-STATE TRAVEL

NAME: __________________________________________________________________________________

DESTINATION: ___________________________________________________________________________

DATES OF MEETING/NAME OF CONF.: _______________________________________________________  

DATES OF ACTUAL TRAVEL: _____________________________________________________________  
(Include vacation days)

WORK DAYS OUT OF OFFICE (M-F): ______________________________________________________  

PURPOSE OF TRAVEL: __________________________________________________________________
_____________________________________________________________________________________

ACCOUNT TO BE PAID FROM: _____________________________________________________________

LODGING AND/OR MEALS PROVIDED BY HOST/or as part of REGISTRATION?

   _____ YES    # of Breakfast= _____    # of Lunch= _____    # of Dinner= _____
   _____ NO

MODE OF TRANSPORTATION: (Please check which transportation mode(s) apply)

   _____ Airfare from Manhattan ______    Airfare from KCI ______
   _____ Transportation to/from KCI (e.g. Shuttle, taxi or other) ______
   _____ Privately owned vehicle to destination
   _____ State Vehicle to destination (Vehicle # __________)

CLAIMANT PAYING BY:
Personal Credit Card ______________________________________________________________________
Dept. Procurement Card (List all that apply): ___________________________________________________

MISC. EXPENSES: (please check one which apply)

   _____ Registration:    cost __________
   _____ Taxi fares
   _____ Toll Receipts
   _____ Parking
   _____ Rental Car

LIST OTHER KSU TRAVELERS: ______________________________________________________________