

**** FILL OUT COMPLETELY ****

Travel request # _____

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: _____