

**** FILL OUT COMPLETELY ****

Travel request # _____

REQUEST FOR OUT-OF-STATE TRAVEL

office use

NAME: _____ POSITION: _____

DESTINATION-city/state: _____

DATES OF MEETING: _____

NAME OF CONFERENCE: _____

DATES OF ACTUAL TRAVEL: _____
(Include vacation days)

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

PURPOSE OF TRAVEL: _____

ACCOUNT # TO BE PAID FROM: _____

LODGING provided by Host? _____

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) applies)

_____ 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 # _____)

MISC. EXPENSES: (please check one which apply)

_____ Registration: cost _____

_____ Taxi fares

_____ Toll Receipts

_____ Parking

_____ Rental Car

LIST OTHER KSU TRAVELERS: _____