



Office Use Only

ENTOMOLOGY DEPARTMENT ELECTRONIC OUT-OF-STATE-TRAVEL REQUEST FORM

Today's Date: Traveler's Name: Title:
 Departure Date: Return Date:

Remember: Check the Listing of States in which Kansas is or is not exempt from taxes on lodging.

Meeting Information: For more information go to Forms on the department website.

First Meeting Location (City & State or Country):

Beginning Date: Ending Date:

Purpose for Traveling: (ex. to attend meeting entitled..., to meet with scientists at..., to perform experiments at...)

Second Meeting Location (City & State or Country):

Beginning Date: Ending Date:

Purpose for Traveling: (ex. to attend meeting entitled..., to meet with scientists at..., to perform experiments at...)

Will you be making a presentation?

Title of presentation:

Are you receiving any travel awards?

If yes, please list amount and resources:
(ex. SGA, Graduate School, Foundation):

Estimated Costs:

Please check all that apply and provide an estimated cost.

Type of Transportation	Estimated Cost	Method of Payment	Office Use Only	
Personal Car Receipt required	\$		Totals -	
State Vehicle or Motor Pool	\$			
Riding with other individual (specify name)			Transportation:	\$
Shuttle to airport Receipt required	\$		Meals:	\$
Rental car Receipt required	\$		Lodging:	\$
Taxi Receipt required	\$		Registration Fees:	\$
Bus Receipt required	\$		Misc. Costs:	\$
Train Receipt required	\$			
Commercial Plane Receipt required	\$		TOTAL COSTS:	\$

	# Days	Cost	Method of Payment
Meals (enter # of days, not cost)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

No Receipt Required

Estimated Cost

Method of Payment

Lodging (enter # of nights, not cost) Receipt required	# Nights	\$	
Registration Fee Are meals included in registration fee? Receipt required	\$		
Miscellaneous Costs (ex. Visas, program, phone, internet, airport park, turnpike tolls, baggage fees) Please list expense and estimated cost for each, if none, enter "None". Receipt required		\$	
		\$	
		\$	
		\$	

Funding for Travel:

Will reimbursement come from KSU funds?

If, 'No', please specify:

If 'Yes', Specify KSU Account(s) funding travel:

Account Number(s)	Project Number	Award	Source	Org	Amount	Optional - Dept. Acct'ing

Will you be using personal leave during your travel time?

If so, specify days:

If other KSU personnel are travelling with you, list below.

Name:	Department:
Name:	Department:
Name:	Department:
Name:	Department:

Additional

Comments:

Traveler's Signature

Authorizing Faculty Signature

Department Authorized Signature

Date

Office Use Only:	BPC #	Date	Account	Amount	Transaction #
Registration Fee				\$	
Airfare				\$	
Lodging				\$	
Vehicle Rental				\$	
Miscellaneous				\$	