



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...)

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):

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) | | \$ | |

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 tools, 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

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

Date

Department Authorized Signature

Date

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