



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 <b>Receipt required</b>	\$		Totals -	
State Vehicle or      Motor Pool	\$			
Riding with other individual (specify name)			Transportation:	\$
Shuttle to airport <b>Receipt required</b>	\$		Meals:	\$
Rental car <b>Receipt required</b>	\$		Lodging:	\$
Taxi <b>Receipt required</b>	\$		Registration Fees:	\$
Bus <b>Receipt required</b>	\$		Misc. Costs:	\$
Train <b>Receipt required</b>	\$			
Commercial Plane <b>Receipt required</b>	\$		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)	# Nights	\$
<b>Receipt required</b>		
Registration Fee	\$	
Are meals included in registration fee?		
<b>Receipt required</b>		
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". <b>Receipt required</b>	\$	
	\$	
	\$	

**Funding for Travel:**

Will reimbursement come from KSU funds?

If, 'No', please specify

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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:

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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				\$	