

OUT-OF-STATE TRAVEL REQUEST

This is to request that the following travel be approved. Approval does not necessarily mean that the total estimated expenses may be claimed for reimbursement. Reimbursement is made in accordance with applicable regulations and can be determined only after the travel voucher has been processed by Financial Services and the State Division of Accounts and Reports. **Please fill this form out at least four days prior to each individual travel.**

Traveler: _____ Position Title: _____

Date Leaving: _____ Returning: _____ Destination: _____

Event #1: _____ Event Dates – Beginning: _____ Ending: _____

Event #2: _____ Event Dates – Beginning: _____ Ending: _____

Annual leave days (if applicable; submit leave slip): _____

Purpose of Travel: ☐ Workshop ☐ Conference ☐ Research ☐ Invited Speaker ☐ Other: _____

KSU Account(s) Funding Travel			TRANSPORTATION EXPENSES	
Project Name	Project Number	% to be paid from acct	<input type="checkbox"/> Private Car <input type="checkbox"/> State Vehicle <input type="checkbox"/> Motor Pool	\$ _____
			<input type="checkbox"/> Airfare	\$ _____
			<input type="checkbox"/> Rental Car	\$ _____
			Lodging Rate	\$ _____
			Registration Fee	\$ _____
			Misc. (parking, taxi, tolls, etc.)	\$ _____
			Explain Misc.	_____

☐ No cost to KSU (using personal funds or travel sponsored by other University/Organization)

Name of other KSU departmental travelers (lodging or riding with): _____

Traveler's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Authorized Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY – DO NOT FILL OUT

Project Number	Award	Source	Org	Amount	TOTALS	
					Transportation	
					Meals	
					Lodging	
					Misc. Costs	
					TOTAL	

Notes: