

****MUST be completed before ANY travel arrangements are made****
(Please print)

Travel Request

NAME: _____ POSITION: _____

Email: _____ Supervisor: _____

Are you employed with the Agronomy Department or another KSU Department? Y ___ N ___ _____
(other department, list here)

EVENT: _____ DESTINATION: _____ EVENT DATE (S): _____

EVENT DESCRIPTION:

LEAVE & RETURN DATE: _____ ACCOUNT #(s): _____
This is the account number to be charged for expenses

Have you applied for or will you be receiving reimbursement from any other department or an outside source? Y ___ N ___

If yes, provide account number/brief explanation:

ESTIMATED EXPECTED TRAVEL COSTS: **This form is not an 'Official Approval' for travel**

	No. Days / Nights	Estimated Cost	Total Estimated Costs
Registration Fee			
Lodging			
Airfare (list departure city)			
Vehicle Reimbursement (i.e. mileage)			
Meals		\$65 Daily Per Diem Estimate	
Parking			
Tolls			
Miscellaneous Costs			

Name of Other KSU Travelers: _____

Traveler's Signature: _____ Date: _____

Department Authorized Signature: _____ Date: _____

Office Use Only