

EASTERN KENTUCKY UNIVERSITY

REQUEST FOR OUT OF STATE TRAVEL

Office Use Only

Ref _____
Date _____

Org.Code/Account # _____ Amount _____

Org.Code/Account # _____ Amount _____

Org.Code/Account # _____ Amount _____

Name _____ EKU ID# _____
(Last name, First name)

PLEASE NOTE: This form should be filed at least five (5) business days prior to the time of departure.

Department: _____ Rank or Title _____

Campus Mailing Address: _____

Destination: _____

Date of Departure: _____ Date of Return: _____

Purpose of Trip (Do NOT abbreviate.)

ESTIMATED Expenses:

		Method of Conveyance*
Travel	\$ _____	() Commercial Airlines (If your ticket is charged to EKU through The Travel Authority, do not include in estimated expenses.)
Lodging	_____	() Other Public Conveyance
Meals	_____	() Personal Automobile (Shall not exceed coach airfare. Traveler must provide coach airfare quote for travel dates.)
Registration	_____	() Rental Car (Provide written justification below)
Other:	_____	_____
TOTAL \$ _____		_____
LIMIT (IF ANY) \$ _____		(this trip)

*If a university vehicle will be used, the cost should not be encumbered on this form. It is handled totally through Public Safety and does not appear on the travel voucher.

Submitted by: _____ Date _____
Traveler

Recommended by: _____ Date _____
Financial Manager's Signature 1

Recommended by: _____ Date _____
Financial Manager's Signature 2

Recommended by: _____ Date _____
Financial Manager's Signature 3