

Kansas State University
Single Event Travel (SET) Account Action Request Form

Name of Employee/Student Representative Employee/Student Title Email Address

Department Name Room #/Building Street Address City/State Zip Code

Phone Cardholder Signature

Departmental Contact Person: _____
Name Phone Email Address

Select Action Requested:

- For authorized travel and supply purchases made in association with an authorized University Event or Business Travel as deemed necessary by the approving Department Head or authorized approver.

Requested Declining Balance Credit Limit: \$ _____

Event Dates: _____

Destination(s): _____

Description of Expenses to be place on this card:

Department Head/Dean/Provost Signature:

Printed Name Signature Date

****Signature stamps do not qualify as a signature on this form.**

Internal Use Only

Authorization Strategy _____ DB Limit _____

Email Bank _____ Training C/D _____

BPC Coordinator Date