

KANSAS STATE UNIVERSITY REQUEST FOR SINGLE EVENT TRAVEL

Document Number _____
(For admin use only)

Document Date: / /

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.

Section 1

Student Org Name: _____ Sponsoring Department: _____

Faculty Advisor: _____ Destination: _____

Date Leaving: _____ Returning: _____ Event Dates - Beginning: _____ Ending: _____

Event Description: _____

Purpose of Travel: Conference Competition Other: _____
(check all that apply)

Section 2

<p>TRANSPORTATION EXPENSES - <input type="checkbox"/> Private Car <input type="checkbox"/> State Vehicle <input type="checkbox"/> Motor Pool <input type="checkbox"/> Other \$ _____</p> <p> <input type="checkbox"/> Airfare \$ _____</p> <p> <input type="checkbox"/> Rental Car \$ _____</p> <p>OTHER EXPENSES -</p> <p>Meals - No. of Days: _____ Rate Per Day: _____</p> <p>Lodging - No. of Days: _____ Rate Per Day: _____</p> <p>Registration Fee - Explain: _____</p> <p>Miscellaneous Costs - Explain: _____</p>	<p>Totals -</p> <p>Transportation: \$ _____</p> <p>Meals: \$ _____</p> <p>Lodging: \$ _____</p> <p>Registration Fees: \$ _____</p> <p>Misc. Cost: \$ _____</p> <p>TOTAL COSTS: \$ _____</p>
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KSU Account(s) funding travel (For Administrative Use only):

Project Name	Project Number	Award	Source	Org	Amount	Optional -- Dept. Acctg APO/TV Number:

Number of all KSU Travelers / Department: _____

Name of all KSU Travelers / Department: _____

Approval Requested By: _____ Date: _____

Department Authorized Signature: _____ Date: _____

The completed form is to be maintained on file in the authorizing official's office for five years. The authorized signature and traveler cannot be the same person.