

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 \$ _____	<input type="checkbox"/> Commercial Airlines (If your ticket is charged to EKU through The Travel Authority, do not include in estimated expenses.)
Lodging _____	<input type="checkbox"/> Other Public Conveyance
Meals _____	<input type="checkbox"/> Personal Automobile (Shall not exceed coach airfare. Traveler must provide coach airfare quote for travel dates.)
istration _____	<input type="checkbox"/> 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