

**REQUEST FOR OUT-OF-STATE TRAVEL
THE UNIVERSITY OF KANSAS
Lawrence Campus**

Comptroller's Use Only	
Request Number	_____
Date	_____

Original Request
 Amended Request (Place an asterisk by amended items).

AGENCY	FY	PROGRAM CODE	AMOUNT	PeopleSoft Vendor ID of Traveler	KU ACCOUNT & FUND
682					
682					
682					
682					
682					
682					

Permission is hereby requested for official travel of:

_____ (Name)	_____ (Title)	_____ (Department/Unit)
Starting From _____ (City) _____ (State)	Destination 1 _____ (City) _____ (State)	_____ (State)
Destination 2 _____ (City) _____ (State)	Destination 3 _____ (City) _____ (State)	_____ (State)

For the Purpose of:

(Please do not use abbreviations for meetings or organizations)

Dates of Official Business:	Beginning _____ (MM/DD/YY)	Ending _____ (MM/DD/YY)
Travel Dates:	Beginning _____ (MM/DD/YY)	Ending _____ (MM/DD/YY)

Department/Unit use for estimating costs for travel (Optional)

_____ # of nights	x	Rate per Night _____	*Car Rental: _____
_____ # of quarters**	x	Rate per Qtr. _____	Transportation: _____
			Airfare: _____
			Lodging: _____
			Registration: _____
			**Meals: _____
			Less: Any meals included in registration fees: _____
			Other: _____
			Total Estimate: _____

For information regarding Medical Evacuation and Repatriation Insurance and Business Travel Insurance for all foreign travel, please go to:

http://www.hreo.ku.edu/benefits/medical_evac_ins/index.shtml

REQUIRED Departmental Contact Information:	
For questions regarding this travel request, please contact:	
Name:	<u>Yelena Kistanova</u>
Phone Number:	<u>864-3775</u>
E-Mail Address:	<u>kistanova@ku.edu</u>

Signature of Traveler	_____ (Date)
Chairperson/Unit or Project Director	_____ (Date)
Dean/Director--Not required if grant-funded	_____ (Date)
Chancellor, EVC/Provost, Vice Provost, or Designee	_____ (Date)

Submit three copies thru budgetary channels no later than two weeks prior to date of departure. Retain one copy for dept./unit files. Written justification for car rental must be attached to travel payment voucher. For trip cancellation, notify Central Accounting Services in writing.

Send original, plus one copy, to Central Accounting Services

If questions arise, please contact Central Accounting Services @ 864-3790

Rev.9/26/06