

# 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.)
Registration	_____	( ) Rental Car (Provide written justification below)
Other:	_____	_____
<b>TOTAL</b>		
	<b>\$</b> _____	_____
<b>LIMIT (IF ANY)</b>		
	<b>\$</b> _____	(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