

TRAVEL INFORMATION:

NAME _____ EID NUMBER _____ TRAVEL AUTH # T- _____

KFS ACCOUNT TO CHARGE _____ PI ON ACCOUNT _____ TYPE OF TRAVEL _____

DEPARTURE DATE _____ DEPARTURE TIME _____ RETURN DATE _____ RETURN TIME _____

PURPOSE OF TRIP _____

LOCATION (CITY, STATE) _____ MEETING/CONFERENCE DATES _____

PERSONAL DATES TAKEN _____

LODGING AND PER DIEM: Is hotel designated? Yes No (If yes, attach hotel list.) *** Items to be entered by Business Office.**

Hotel 1 _____ # Nights _____ Hotel 2 _____ # Nights _____ \$ _____

Travel Policy Lodging Rate*: \$ _____ Travel Memo Needed* _____ Per Diem* \$ _____ \$ _____

TRANSPORTATION:

University Vehicle Domestic Airfare International Airfare Personal Vehicle _____ miles @ 44.5/mile \$ _____

Odometer Reading - Start _____ End _____ * If more than 20 miles, attach Map Quest

Taxi \$ _____ Tolls \$ _____ Shuttle \$ _____ Public Transit \$ _____ \$ _____

Rental Vehicle \$ _____ Gasoline \$ _____ Parking Fees \$ _____ \$ _____

MISCELLANEOUS:

Registration \$ _____ Abstract \$ _____ Printing \$ _____ Other \$ _____ \$ _____

LESS ADDITIONAL AMOUNTS: To be entered in by Business Office.

Travel Grant Award (see award letter) \$ _____

Cash Advance \$ _____

Other: _____ \$ _____

TOTAL REIMBURSED TRAVEL EXPENSES: \$ _____

ADDITIONAL COMMENTS: