

Shared Services Travel Request *to be filed before travel begins*

Name of Traveler: _____ Title _____

Department: _____

Type of Travel: Domestic International Destination: _____

Purpose of travel: _____

Event description: _____

Event Dates: Beginning _____ Ending: _____

Date leaving: _____ Date Returning: _____

Transportation Expenses:

- Private car (mileage)
- Departmental Vehicle
- Motor Pool
- Other (KCI Roadrunner/Shuttle, etc...)
- Rental Car \$ _____ *Requires justification, please attach
- Airfare \$ _____ **Attach Airfare Itinerary**
 - Paid out of pocket
 - Paid on department credit card

Registration Fee:

- Attach conference agenda & conference lodging**
- Paid out of pocket
- Paid on department credit card
- Please indicate any meals that are included with the registration fee in the space below.

Other Expenses:

- Meals - # of Days _____
- Lodging - # of Days _____

- Miscellaneous Costs \$ _____
(Please explain in the space below):

Meal and Incidental Expense Allowance Timeframes

- Contiguous United States (CONUS): [CONUS Link](#)
- Outside Contiguous United States (OCONUS): [OCONUS Link](#)
- International Locations: [International Locations Link](#)
- Rate per Day \$ _____

Personal Travel Included

Personal Travel: Beginning _____ Ending _____

- Funding from other sources (i.e. Grad School) _____
- Funding info (Account Nickname/dollar amounts) _____
- Maximum Budget _____
- Name(s) of other KSU Travelers: _____

Please submit this form to to the address that processes your travel: acctgsouth@ksu.edu, acctgcentral@ksu.edu, acctgdean@ksu.edu or po@phys.ksu.edu

***If Foundation funding, you will need actual itemized meal receipts**

Travelers Signature: _____ Date _____

Department Head Signature (if required): _____ Date _____