

**University of Kentucky
College of Education**

REQUEST FOR AUTHORIZATION OF OUT-OF-STATE/COUNTRY TRAVEL T_____

NAME OF PERSON TRAVELING	UK I.D. NO.	POSITION

Name of Acct. #1 _____ Account # _____

Name of Acct. #2 _____ Account # _____

Department _____

Division or Institution _____ Date _____ 20 _____

ESTIMATED EXPENSES	Estimated Amount to Be Paid by Procurement Card	Estimated Amount to Be Paid by Employee
Airfare		
Registration		
Hotel		
Meals @ \$ _____ day X _____ days*		
Miscellaneous		
TOTAL	\$ _____	\$ _____

From (origin) _____ To (Destination) _____

Date(s) trip to be taken (Include travel time) _____

Purpose of trip (Cite benefit to University. Do not abbreviate organizational names.) _____

Will personal travel be included: Yes No If more than two employees of the University are going to this event, how many and why? _____

Will a registration fee be paid by Dept Procurement Card? _____ By DAV? _____ (For conferences that do not accept credit cards)

Method of conveyance: State Vehicle Personal Auto Airplane Commercial State
Charter Personal Other Explain Other _____

Will airfare be paid by Dept Procard? Yes No **For alternate vendor attach a valid cost comparison**

I hereby certify that it is necessary for the person named above to make this trip on official business connected with the duties of his/her position.

Signature of Department Head _____ **Date** _____

Vice President Signature if Required _____ **Date** _____

Forward the original document to Chair of your Department for approval.
Original for faculty to Dean's Office with copy for Departmental file

Note: Provide a copy of conference brochure or the link to conference website.

* In the US, go to www.gsa.gov/perdiem or go to www.defensetravel.dod.mil/site/perdiemCalc.cfm