



**THE UNIVERSITY OF KANSAS
SCHOOL OF ARCHITECTURE AND DESIGN
TRAVEL REQUEST FORM**

Name _____
 Home Address _____ City _____ State _____ Zip _____
 Destination _____
 Origin _____
 Purpose of trip _____
 Departure date _____ Time _____

Return Date _____ Time _____

\$ _____ Registration (meal/ no meal)
 \$ _____ Transportation:(Air rental Car)
 \$ _____ Hotel
 \$ _____ Food: State per Diem (Qtrs. _____ * _____ Rate)
 If endowment funded- Actual Expense
 \$ _____ Mileage (_____ miles@ _____ per mile)
 \$ _____ Parking
 \$ _____ Other (taxi, Shuttle, Toll, etc.)
 \$ _____ Total estimated cost

Accounts Use Only		
Total paid	Fund	Ref#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Travelers signature _____ Date _____

Attach a copy of information regarding this request (registration broacher, letter, e-mail) and submit to your chair for approval

Funding:	
Funding approved from other sources _____	Source _____
Funding approved from program _____	Funding _____
Departmental approval _____	Date _____
Funding approved from deans office _____	
Dean's office authorization _____	Date _____