

**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	\$ <input type="text"/>	( ) Commercial Airlines
Lodging	<input type="text"/>	( ) Other Public Conveyance
Meals	<input type="text"/>	( ) Personal Automobile (Shall not exceed coach airfare. Traveler must provide coach airfare quote for travel dates.)
Registration	<input type="text"/>	( ) Rental Car (Provide written justification below)
Other:	<input type="text"/>	<input type="text"/>
TOTAL \$ <input type="text"/>		<input type="text"/>
LIMIT (IF ANY) \$ <input type="text"/>		(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