Request for Authorization of Travel and Expenses (Administrative Travel)

Applicant ___________________________ Date of request ___________________________
Office ___________________________ Dates Away ___________________________
Destination ___________________________
Purpose of Travel ___________________________

____________________________________________________________________________________

Please attach conference brochure and/or the web address for conference information online.

Travel Mandated? ☐ Yes ☐ No Mode of Travel: ☐ Personal Vehicle ☐ University Vehicle ☐ Air ☐ Other
Others from Kent State University Attending: __________________________________________

____________________________________________________________________________________

ESTIMATED EXPENSES

Registration ___________________________
Transportation ___________________________
Lodging ___________________________
Food (only that not included with registration fee is reimbursable) ___________________________
Total Estimated Expenses ___________________________

Amount to be Charged Against University Account ___________________________

Index Number ___________________________

Amount to be paid by Applicant ___________________________
Amount to be paid by Alternate Source ___________________________
Name of Alternate Source ___________________________

Justification/Additional Comments (must include conference information materials, i.e. brochure, registration form, etc.)

☐ Approved* ☐ Disapproved ___________________________
Dean/Date ___________________________

☐ Approved* ☐ Disapproved ___________________________
Vice President/Date (if applicable) ___________________________

Revised 3/17/11

*Approval of absence and eligible expenses upon submission of required documentation.