

# UK Libraries Request for Travel

| **Note: Forms are due in Library Administration Office 45 days in advance of trip** |

Name: \_\_\_\_\_ Position Title: P

Person ID: \_\_\_\_\_ Station: \_\_\_\_\_ P

Detailed Purpose of Trip: (DO NOT ABBREVIATE; a written justification must be attached if four or more library employees are attending the same meeting)

Meeting/Organization (DO NOT ABBREVIATE)

My attendee status:

Serve as an officer      Program participant      Attend Only      Training      Admin.      Untenured

Other (list): \_\_\_\_\_

Inclusive Dates of Meeting: \_\_\_\_\_

Inclusive Dates of Trip: \_\_\_\_\_

Destination (including City & State): \_\_\_\_\_

**ARE YOU REQUESTING TRAVEL FUNDS?**    Y    N    If Yes, which type?    Prof. Dev.    Admin.    Stipend    Other

Available Prof. Development Allotment: \_\_\_\_\_ Total Prof. Development funds requested for this travel: \_\_\_\_\_

Is this supported by a Sponsored Projects or Teaching Account:    Y    N    If Yes, account #: \_\_\_\_\_

**Estimated Travel Cost (MUST COMPLETE EVEN IF REIMBURSEMENT IS NOT BEING REQUESTED):**

Travel Item	Cost to employee	Requested Amount from Prof. Development Travel Funds	Requested Amount from Administrative Travel Funds (attach written justification)
Airfare (out-of-state only)			
Auto (Miles X \$0.55)			
Hotel			
Subsistence (See travel regs. for amounts & high rate areas)			
Ground transportation			
Registration Fee			
Other (List)			
<b>TOTALS</b>			

If traveling by auto, check one box:    Personal vehicle to be used      State vehicle to be used

Stipend amount requested and type: Participant/Officer      Untenured

Are you requesting pre-payment of:

Registration—Indicate Amount: \_\_\_\_\_      Airfare—Indicate Amount: \_\_\_\_\_

| **Note: Pre-payment paperwork must be submitted 60 days in advance of registration deadline or travel date** |

**FOR LIBRARY ADMINISTRATION USE**

Total Cost of Travel: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Approved for funding: \_\_\_\_\_

D.O. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Funding Source and Amount Approved:**

Not Requested - or - Not Funded (circle)	Prof Development	Administrative	Stipend	Other

**NOTES:**