

**Commonwealth of Kentucky
University of Kentucky**

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

T _____

| NAME OF PERSON TRAVELING | S.S. NO. | POSITION |
|--------------------------|----------|----------|
| | | |

Acct. No. _____ Obj. Code _____ Encumbrance No. _____

User ID _____ Vendor No. _____

Department _____

Division or Institution _____ Date _____, 20____

| ESTIMATED EXPENSES | Estimated Amount To Be Paid by Procurement Card | Estimated Amount To Be Paid by Employee |
|--------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 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) _____

If more than two employees of the University are going to this event, how many and why? _____

Will a registration fee be prepaid by Procurement Card? _____ By DAV? _____

Method of conveyance: State Vehicle Personal Auto Airplane Commercial State

Charter Personal Other Explain Other _____

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.

AUTHENTICATION STAMP

Signature of Department Head _____
Date

Vice President Signature if Required _____
Date

Forward the original document to Accounts Payable Department, Controller Division