



College of Health Sciences Travel Approval Form

Traveler's Name _____

Date _____

EVENT INFORMATION

Faculty

Staff

Student

Title of Event	Purpose of the travel		
Dates of Event	Is personal travel included?	Yes	No
Event Location	Please explain personal travel:		

****Any travel including personal travel must be purchased by the traveler and can be reimbursed for the business portion of the trip****

Event Registration Estimated Amount \$ _____ To be completed by Business Office _____ Traveler _____

Website	Early bird deadline
Login Username	Log in Password

Please remember if UK pays for your registration an agenda must be provided upon your return.

Hotel Estimated Amount \$ _____ To be completed by Business Office _____ Traveler _____

Check in	Check out	Bed Preference	King	Double	Any
Sharing Room	Yes No	UK NON-UK	Sharing with whom?		
Confirmation #	Rewards #				
Hotel detail in order of preference					
1 Hotel Name	1 Phone #/Website				
2 Hotel Name	2 Phone #/ Website				
3 Hotel Name	3 Phone #/Website				

Air Fare Estimated Amount \$ _____ **BUSINESS OFFICE MUST CREATE A COST COMPARISON IF YOU BUY YOUR OWN TICKET**

Departure Date	Departure Time	Preferred Airline
Return Date	Return Time	Rewards number

PREFERRED FLIGHTS:

Other Expenses Estimated Amount \$ _____ To be completed by Business Office _____ Traveler _____

Per Diem \$	Miscellaneous \$
Rental Car \$	Number of Miles
Motor Pool \$	(Attach MapQuest or Google Maps with to and from addresses)

ACCOUNT NUMBER ESTIMATED AMOUNT \$

_____	\$ _____	Traveler Signature _____	Date _____
_____	\$ _____		
_____	\$ _____		

College Approval _____ Date _____ Supervisor Signature _____ Date _____

GRANT FUNDING ONLY

PI Approval Signature (Grants only) _____ Date _____

<p>Benefit to the project: (REQUIRED) This statement certifies that the Principle Invesitgator has verified this travel and it is directly related to the scientific aims and/or the research strategy of this project.</p>
