



Travel Approval Form

College of Nursing

Traveler's Name: _____

Today's Date:

UK ID No.:

Event Information

Dates of Travel: Is Personal Travel Included? Yes No Dates:
If so, please contact Kevin Garland.

Title of Event:

Event Location:

Mode of Travel Air Motor Pool Personal Vehicle Other _____

Purpose of Travel

- Presentation
- Representation of College
- Professional Development
- Faculty or Student Recruitment
- Grant Required
- Other (Specify) _____

Estimated Expenses

- Registration Fee
- Airfare
- Mileage: miles X
- Please note: mileage cannot exceed 400 miles one way without airfare cost comparison.**
- Ground Transportation
- Rental Car
- Lodging
- Meals
- Miscellaneous Expense
- Total

Notes:

Source of Funds

Account Number 1: Approved Amount:
Account Number 2: Approved Amount:

Submitted by:

Important Note: By signing and submitting this form you agree that the requested funds will be used for the purposes stated in this form and UK BPM policies and procedures will be followed. Failure to provide receipts and documentation within 25 days of the return of your trip will delay and possibly eliminate the ability to get reimbursed.

I have read and understand the University Travel Policy: <http://www.uky.edu/EVPFA/Controller/files/BPM/E-5-1.pdf>

*****This Check box required field*****

Kevin Garland will be in contact with you to schedule your travel arrangement.

Traveler Approval: _____ Date: _____ A Number

Supervisor Approval: _____ Date: _____ Encumbrance #

Bus. Office Approval: _____ Date: _____

Grant Funding Only

This statement certifies that the Principal Investigator has verified this travel and it is directly related to the scientific aims and/or the research strategy of this project.

Benefit to the Project (Required): _____

PI Signature (Required): _____