

I have read, understand, and agree to rules and regulations set forth in the employee travel handbook. I understand that all expenses are subject to review prior to approval and reimbursement.

Signature of Traveler

REQUEST FOR OUT-OF-STATE TRAVEL

Department of Molecular and Integrative Physiology
University of Kansas Medical Center

Date: _____

Name: _____

Home Address: _____

Title: _____

First Meeting: _____
(Conference/Meeting Title or Name)

Location: _____
(City & State)

Second Meeting: _____

Location: _____

Dates of Official Business: Beginning _____ Ending _____

Travel Dates: From _____ To _____

	Amount	Grant/Funding #
Airfare* (REQUIRED)		
Personal Vehicle Mileage (automatically determined by PeopleSoft, maximum of 60 miles @ .40/mile)		
Lodging _____ No. of nights / room rate _____ = (REQUIRED) (REQUIRED)		
Lodging Name _____ (REQUIRED)		
Meals (per diem automatically determined by PeopleSoft)		
Registration fee		
Misc. Expenses (airport parking, etc)– please itemize.		
Rental Car** (PRIOR AUTHORIZATION REQUIRED)		

* Please provide your detailed flight itinerary. **(REQUIRED)**

** Rental cars require prior approval from Travel Audit. Please provide a detailed explanation of why a rental car is needed.