

**TRAVEL REQUEST FORM  
PITTSBURG STATE UNIVERSITY**

- In-State
- Out-of-State

<b>Business Office Use Only</b>	
Request Number _____	_____
Date _____	_____

Permission is hereby requested for official travel of:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Department/Unit)

**For the Purpose of:** \_\_\_\_\_

(Please do not use abbreviations for meetings or organizations)

**Destination 1** \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Destination 2 \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Destination 3 \_\_\_\_\_ (City) \_\_\_\_\_ (State)

**Dates of Official Business:** Beginning \_\_\_\_\_ (MM/DD/YY) Ending \_\_\_\_\_ (MM/DD/YY)

Beginning \_\_\_\_\_ (MM/DD/YY) Ending \_\_\_\_\_ (MM/DD/YY)

**Dates of Personal/Unofficial Business:** Beginning \_\_\_\_\_ (MM/DD/YY) Ending \_\_\_\_\_ (MM/DD/YY)

<b>Travel Expense Estimate:</b>	<b>COMPLIANCE TO PSU TRAVEL POLICIES WILL BE REVIEWED WITH REIMBURSEMENT</b>	
		Registration: _____ *Airfare: _____ *Other Transportation: _____ **Car Rental: _____ Mileage: _____ Lodging: _____ <b>M&amp;IE - Meals &amp; Incidental Expenses:</b> _____ Less: Any expenses included in registration fees: _____ Other: _____ <b>Total Estimate:</b> _____
_____ Miles (round trip) x _____ Mileage Rate _____ _____ # of nights x _____ Rate per Night _____		
*Traveler is expected to utilize the most cost effective form of transportation. **Only used if less expensive than public transportation, taxis, and shuttles ***Do not include the quarter when employee returned		
Please provide written justification for Car Rental in the space provided below.		

<b>Funding Sources:</b>			
Unit	Unit Name	Signature of Authorized Person	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Unfunded travel expenses covered by Traveler			_____
<b>Total Funded:</b>			_____

<b>REQUIRED Departmental Contact Information:</b>
For questions regarding this travel request, please contact:
Name: _____
Phone Number: _____
E-Mail Address: _____

Signature of Traveler \_\_\_\_\_ (Date) \_\_\_\_\_

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 2 (TWO) Signatures required below for travel estimates exceeding \$1,000

Signature of Traveler's CHAIR or Direct Supervisor \_\_\_\_\_ (Date) \_\_\_\_\_  
 If Traveler is CHAIR-No signature here

Signature of DEAN \_\_\_\_\_ (Date) \_\_\_\_\_

Signature of VICE PRESIDENT \_\_\_\_\_ (Date) \_\_\_\_\_

Signature of PRESIDENT (if applicable) \_\_\_\_\_ (Date) \_\_\_\_\_

Please submit the original "Travel Request Form" with the appropriate signatures to the Business Office.  
 If questions arise, please contact Business Office @ 235-4157

**FORM IS FOR TRAVEL APPROVAL NOT COMPLIANCE**